

**Anaphylaxis (Severe Allergic Reaction) Emergency Action Plan**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Asthmatic?**       No       Yes (associated with a higher risk for severe reaction)

**My child's anaphylaxis (severe allergic reaction) triggers are:**

- Peanuts
- Tree Nuts
- Milk
- All Dairy
- Food additives: \_\_\_\_\_
- Insect Stings: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Other: \_\_\_\_\_
- List ingestion induced trigger(s): \_\_\_\_\_
- List contact induced trigger(s): \_\_\_\_\_

- Eggs
- Wheat
- Soy
- Fish
- Shellfish
- Latex



**My child's anaphylaxis symptoms are usually:**

- Swelling (eyes, lips, face, tongue)
- Flushed face or body
- Difficulty breathing or swallowing
- Dizziness, confusion, fainting, or loss of consciousness
- Other: \_\_\_\_\_
- Coughing or choking
- Cold, clammy, sweaty skin
- Stomach cramps, diarrhea, vomiting
- Skin redness or hives
- Unknown

**Step 1: Treatment**

**EPINEPHRINE:** inject in the middle outer portion of the thigh

Auto-injector (circle one): Twinject®0.3 mg    Twinject®0.15 mg    EpiPen®    EpiPen® Jr.    AUVI-Q™

NEXT: give antihistamine: \_\_\_\_\_  
(medication/dose/route)

Student is:  self-directed and may  self-carry and  self-medicate when needed.  
 not self-directed

Important: Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine during anaphylaxis.

**Step 2: Emergency Calls**

1. **Call 911** (or Rescue Squad: \_\_\_\_\_) and tell the dispatcher that a child is having a life-threatening anaphylactic reaction. Request ambulance with EpiPen. Transport to ER even if symptoms have resolved.
2. **Call Dr.** \_\_\_\_\_ **Phone:** \_\_\_\_\_
3. **Call parent/guardian:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts:**

Name and relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Name and relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!**

Parent/guardian signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

1. **INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Request ambulance with epinephrine.

• Consider giving additional medications (following or with the epinephrine):

- » Antihistamine
- » Inhaler (bronchodilator) if asthma

• Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

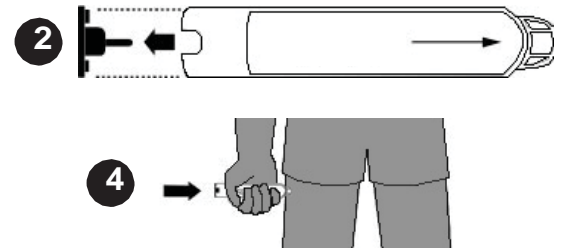
• If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.

• Alert emergency contacts.

• Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

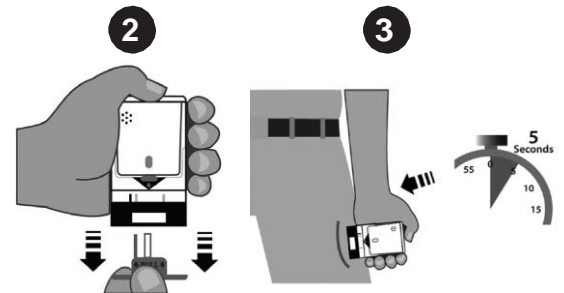
**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



**Auvi-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



**ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

