

Anaphylaxis Action Plan

For those requiring emergency EPINEPHRINE treatment
"Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death."
(National Institute of Allergy & Infectious Disease, 2010)

Photo

Name: _____ DOB: _____

ALLERGIC to: _____

History of Asthma: ☐ Yes (*more at risk for severe reaction*) ☐ No

May self-carry medications: ☐ Yes ☐ No

May self administer medications: ☐ Yes ☐ No

Medication Doses

EPINEPHRINE Dose:

Up to 55 lbs. (25 kg)

☐ EpiPen Jr. (0.15 mg)

☐ Adrenaclick (0.15 mg)

☐ Twinject (0.15 mg)

Over 55 lbs. (25 kg)

☐ EpiPen (0.3 mg)

☐ Adrenaclick (0.3 mg)

☐ Twinject (0.3 mg)

*Antihistamine Type + Dose:

☐ Benadryl (also known as Diphenhydramine)

☐ 12.5 mg (1 teaspoon or 1 chewable)

☐ 25 mg (2 teaspoons or 2 chewables)

☐ 50 mg (4 teaspoons or 4 chewables)

☐ Other antihistamine: _____

Extremely reactive to the following foods: _____

THEREFORE:

☐ If checked, give EPINEPHRINE immediately for ANY symptoms if the allergen was *likely* eaten.

☐ If checked, give EPINEPHRINE immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

Lung: Short of breath, wheeze, repetitive cough
Heart: Pale, blue, faint, weak pulse, dizzy, confused
Throat: Tight, hoarse, trouble breathing/swallowing
Mouth: Obstructive swelling (tongue and/or lips)
Skin: Many hives over body

Or **combination** of symptoms from different body areas:

Skin: Hives, itchy rashes, swelling (eyes, lips)
Gut: Vomiting, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911

3. Begin monitoring (as specified below)

4. Give additional medications:*

- Antihistamine
- Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS only:

Mouth: Itchy Mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort

1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent/guardian

3. If symptoms progress (see above) USE EPINEPHRINE

4. Begin monitoring (as specified below)

For unique situations: _____

Monitoring

A **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

Stay with person; alert healthcare professionals and parent/guardian. Tell rescue squad EPINEPHRINE was given. Note time when EPINEPHRINE was administered. For a severe reaction, consider keeping person lying on back with legs raised. Treat person even if parents cannot be reached. See back/attached for auto-injection technique.

Provider Signature: _____

Phone

Date

Printed Name: _____

Parent/Guardian Signature: _____

Phone

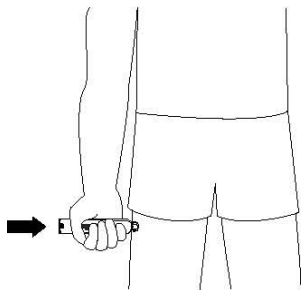
Date

EpiPEN® Auto-Injector and EpiPEN Jr® Auto-Injector Directions

- First, remove the EpiPEN Auto-Injector from the plastic carrying case



- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EpiPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the DEY logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2".

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



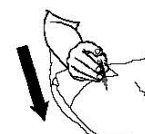
SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding collar at needle base.



Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way and remove.



Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2".

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: _____) Doctor: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Other Emergency Contacts

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____



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