



# Allergy Action Plan – to be completed by physician

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Asthma – higher risk of severe reaction?  Yes  No

Parent(s): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student is extremely reactive to the following: \_\_\_\_\_

Therefore:

- If checked, give epinephrine immediately for ANY symptoms when there is a **possibility** of exposure to the allergen
- If checked, give epinephrine immediately when there is **definite** exposure to the allergen

## Any **SEVERE SYMPTOMS** after suspected or know 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 or lips)
- SKIN: Many hives over body



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

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, crampy pain

### 1. INJECT EPINEPHRINE IMMEDIATELY

Note time given: \_\_\_\_\_

2. Call 911 – tell if epi was given
3. **May** need to give 2<sup>nd</sup> dose of epi no sooner than 5 minutes if symptoms persist
4. Give additional medications\*
  - Antihistamine
  - Inhaler if asthma

\* Antihistamines and inhalers are not to be depended upon to treat **SEVERE** reactions. **USE EPINEPHRINE**

## MILD SYMPTOMS only:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINE

Note time given: \_\_\_\_\_

2. Stay with student. Alert school nurse and parent
3. If symptoms *progress* (see above) **USE EPINEPHRINE**

## Medication/Doses

Epinephrine (brand & dose): \_\_\_\_\_

Give 2<sup>nd</sup> dose in 5 minutes if symptoms persist or reoccur.  Yes  No

Prescriber has trained student and determined that student is capable of self-administration of auto injector?  Yes  No

Antihistamine (brand & dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

Student is able to carry and self-administer inhaler?  Yes  No

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

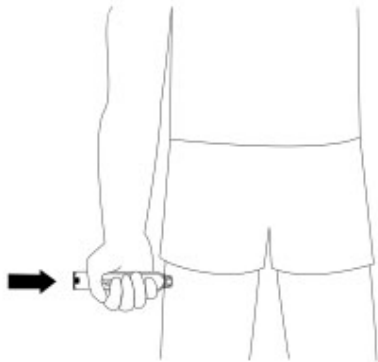
Date \_\_\_\_\_

## EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) 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 EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

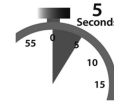
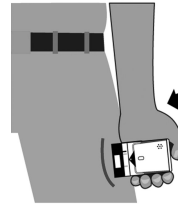
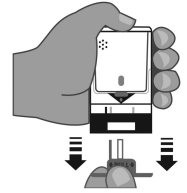
**EPIPEN 2-PAK® EPIPEN Jr 2-PAK®**  
(Epinephrine) Auto-Injectors 0.3/0.15mg

EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP.

## Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.

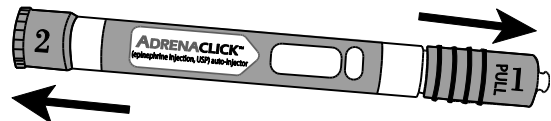


Place black end against outer thigh, then press firmly and hold for 5 seconds.

**Auvi-Q™**  
epinephrine injection, USP  
0.15 mg/0.3 mg auto-injectors

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## 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: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_