

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)

School Year: _____

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 EMS/911 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

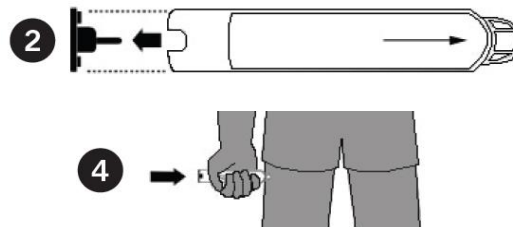
Date

Printed Name: _____

Parent/Guardian Signature: _____

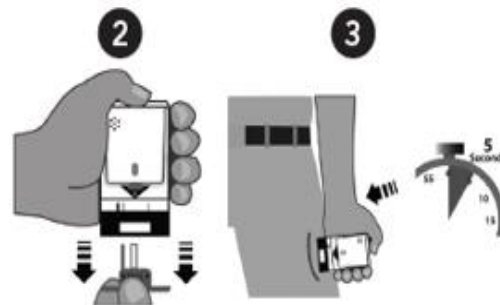
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS:

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.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS:

1. Remove the OUTER CASE OF THE 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.



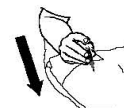
TWINJECT® 0.3 and 0.15 mg (EPINEPHRINE) DIRECTIONS

1. Remove Caps labeled "1" and "2"
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:

3. Unscrew rounded tip. Pull syringe from barrel by holding collar at needle base.
4. Slide collar off plunger.
5. Put needle into thigh through skin, push plunger down all the way and remove.



Other Directions/Information (may self-carry epinephrine, may self-administer epinephrine, etc.):

EMERGENCY CONTACTS – CALL 911

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

Doctor:	Phone:
Parent/guardian:	Phone:
Parent/guardian:	Phone:
OTHER EMERGENCY CONTACTS	
Name/Relationship:	Phone:
Name/Relationship:	Phone:

Parent/guardian authorization signature:

Date: