



ALLERGY EMERGENCY ACTION PLAN AND MEDICATION AUTHORIZATION

Food Allergy _____ Bee-sting Allergy Latex Allergy Other _____
 Student: _____ Birthdate: _____ Teacher _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

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 (e.g. eyes, lips)
 Gut: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY
 2. Call 911
 3. Begin monitoring (see box below)
 4. Give additional medications:*
 • Antihistamine
 • Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/ bronchodilators are not to be depended upon to treat a 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
 3. If symptoms progress (see above), USE EPINEPHRINE
 4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____
 Antihistamine (brand and dose): _____
 Other (e.g., inhaler-bronchodilator if asthmatic): _____

Prescriber please mark: For Clinic Use _____ Student Carry _____ Both _____

Monitoring
 Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

 Physician/Healthcare Provider Signature Date

 Parent/Guardian 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.

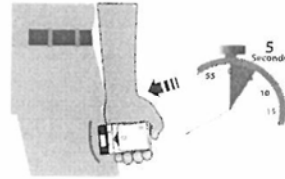
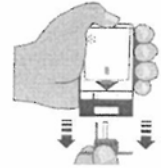


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Auvi-Q™ (epinephrine injection, USP) Directions

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.



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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: _____ Phone: () - -
 Parent/Guardian: _____ Phone: () - -

Other Emergency Contacts

Name/Relationship: _____ Phone: () - -
 Name/Relationship: _____ Phone: () - -