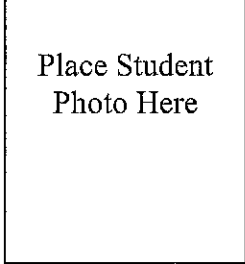


Allergy Action Plan

Student Name: _____ Birth Date: _____
School: _____ Grade: _____ Teacher: _____



ALLERGIC TO THESE ALLERGENS:

- Has Asthma** (increases risk for severe reaction)
- Severe Allergy previously/suspected—Immediately give epinephrine & call 911— Start with Steps 2 & 3**
- Mild Allergy – Itching, rash, hives – Give antihistamine, call school nurse and parent. Start with Step 1**

► STEP 1: IDENTIFICATION OF SYMPTOMS* ◀ * Send for immediate adult assistance

Symptoms:

- If exposed to allergen, or allergen ingested, but *no symptoms*
- **Mouth** – Itching, tingling, or swelling of lips, tongue
- **Skin** – Hives, itchy rash, swelling of the face or extremities
- **Gut** – Nausea, abdominal cramps, vomiting, diarrhea
- **Throat** – Tightening of throat, hoarseness, hacking cough
- **Lung**** – Shortness of breath, repetitive coughing, wheezing
- **Heart**** – Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P ..
- **Other**** – _____
- If reaction is progressing (several of the above areas affected) give

Type of Medication to Give:

(Determined by physician authorizing treatment)

- Epinephrine** **Antihistamine**
- Epinephrine** **Antihistamine**
- Epinephrine** **Antihistamine**
- Epinephrine** **Antihistamine**
- Epinephrine: Call 911**
- Epinephrine: Call 911**
- Epinephrine: Call 911**
- Epinephrine: Call 911**

** Potentially life-threatening. – Note: The severity of symptoms can quickly change.

► STEP 2: GIVE MEDICATIONS ◀

Epinephrine: inject intramuscularly (check one) EpiPen® EpiPen Jr®

- If Epinephrine is given, paramedics must be called! **PROCEED TO STEP 3 BELOW.**

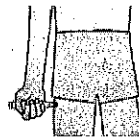
Antihistamine/other: give _____ (Medication name & amount) by _____ (route/method)

- Notify parents and school nurse • Observe for increasing severity of symptoms • Call 911 as needed

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpiPen Directions:

- a. Pull off the GRAY Safety Cap
- b. Place BLACK TIP near OUTER-UPPER THIGH
- c. Swing and jab firmly until hearing or feeling a click
- d. Hold EpiPen in place **10 SECONDS**, remove, massage area
- e. Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
- The individual may feel his/her heart pounding.
• This is a normal reaction to the medication.

► STEP 3: EMERGENCY CALLS ◀

1. **CALL 911** – Seek emergency care. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

Parents/Emergency Contact Names:	Relationship:	Phone Number(s):
a. _____	1.) _____	2.) () ()
b. _____	1.) _____	2.) () ()

Parent/Guardian Signature _____ Date _____
(Required)

Physician completes form through Step 2

Physician Name (Printed) _____ **Phone Number:** () _____

Physician Signature _____ **Date:** _____
(Required)

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

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

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

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS**LUNG**Short of breath,
wheezing,
repetitive cough**HEART**Pale, blue,
faint, weak
pulse, dizzy**THROAT**Tight, hoarse,
trouble
breathing/
swallowing**MOUTH**Significant
swelling of the
tongue and/or lips**SKIN**Many hives over
body, widespread
redness**GUT**Repetitive
vomiting, severe
diarrhea**OTHER**Feeling
something bad is
about to happen,
anxiety, confusion**OR A
COMBINATION**
of symptoms
from different
body areas.

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. 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 them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS**NOSE**Itchy/runny
nose,
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,
mild itch**GUT**Mild nausea/
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

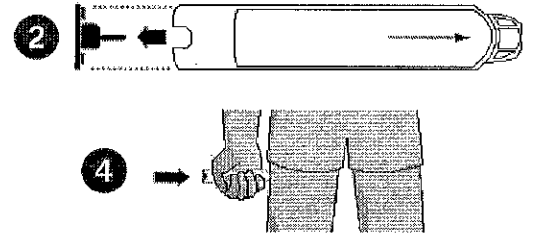
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



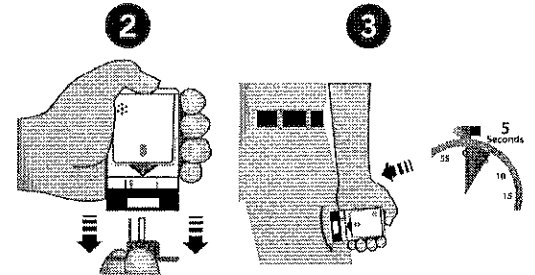
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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.



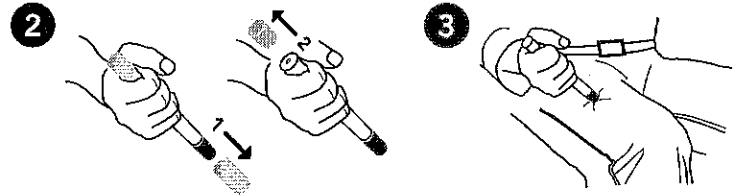
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

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.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

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

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE