



Place  
Student's  
Photo  
Here

**SCHOOL ANAPHYLAXIS ACTION PLAN**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_ Weight: \_\_\_\_\_

**STEP 1: TREATMENT**

<b>Symptoms:</b>		<b>Give Checked Medication as prescribed by physician authorizing treatment</b>	
	If a food allergen has been ingested, [or bee sting] but <i>no symptoms yet</i> : Treat:		Epinephrine
● Mouth	Itching, tingling, or swelling of lips, tongue, mouth		Epinephrine
● Skin	Hives, itchy rash, swelling of the face or extremities		Epinephrine
● Gut	Nausea, abdominal cramps, vomiting, diarrhea		Epinephrine
● Throat †	Tightening of throat, hoarseness, hacking cough		Epinephrine
● Lung †	Shortness of breath, repetitive coughing, wheezing		Epinephrine
● Heart †	Weak or thready pulse, low blood pressure, fainting, pale, blueness		Epinephrine
● Other			Epinephrine

† Potentially life-threatening. The severity of symptoms can quickly change.

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis**

**PRESCRIBED DOSAGE**

**Epinephrine:** Inject intramuscularly (**Check ONE**):  **Junior Dose [0.15mg]** or  **Regular Dose [0.30mg]**

**SECOND DOSE:** After 5-15 minutes, if emergency services have not arrived and symptoms persist, administer 2<sup>nd</sup> dose.

**Antihistamine or Asthma Inhalers:** Note to prescribing doctor: *A nurse is not always present to distinguish symptoms of anaphylaxis from other allergic reactions. Pediatric allergists recommend that action plans be as simple as possible. Because a nurse will not always be present, it is advised that antihistamines not be part of the action plan. Rather, auto-injectors and calling 911 for support should occur immediately.*

**Other Medication:** Give: \_\_\_\_\_  
 medication / dose / route / indications

**STEP 2: EMERGENCY CALLS**

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed
2. Parent: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Other emergency contacts:
  - A. Name/Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_
  - B. Name/Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physician's Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Office Telephone #:** \_\_\_\_\_ **Office Fax #:** \_\_\_\_\_

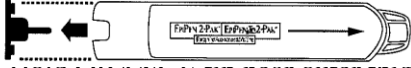
I authorize the school nurse, or other appropriately assigned school staff, to administer the medication/perform the procedure, as prescribed here in by the authorized health care provider. I will notify the school immediately and submit a new form, if there are any changes in the medication, procedure or the prescribing physician. I understand that school health staff are obliged by law to clarify issues associated with this order with the prescribing provider as necessary.  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

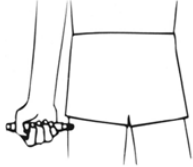


**EpiPen® and EpiPen® Jr.**

- 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).



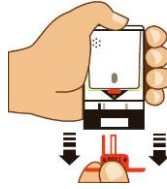
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EpiPen® Auto-Injector and massage the area for 10 more seconds.



**Auvi-Q™ 0.15 mg & Auvi-Q™ 0.3 mg**



Remove outer case and follow voice instructions.



Remove red safety guard



Place BLACK end against outer thigh, then press firmly and hold in place for 5 seconds. (Will work even through clothing)

After Auvi-Q is used, place the outer case back on.

**Adrenallick™ 0.3 mg & Adrenallick™ 0.15 mg**



- Remove GRAY caps labeled “1” and “2.”
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

