



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 2nd 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 2nd 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 _____

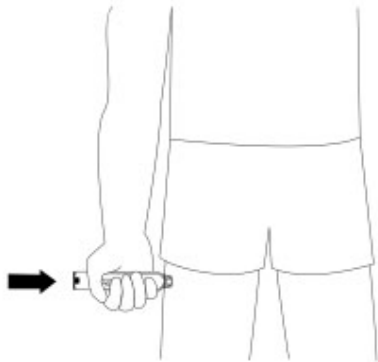
Date _____

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.

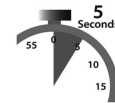
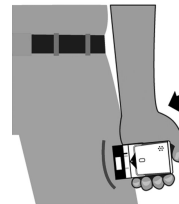
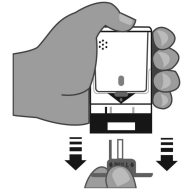
EPIPEN 2-PAK® EPIPEN Jr 2-PAK®
(Epinephrine) Auto-Injectors 0.3/0.15mg

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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.

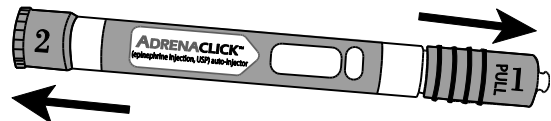


Place black end against outer thigh, then press firmly and hold for 5 seconds.

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: (____) _____ - _____