



# SEVERE ALLERGY (ANAPHYLAXIS) EMERGENCY ACTION PLAN



Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID# \_\_\_\_\_ Grade/Teacher (if elem.): \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Place student's picture here

**Special Situation/Circumstance:** If this box is checked, the child has an **EXTREMELY SEVERE ALLERGY** to the following food(s) or allergen(s). Even if the child has mild symptoms after eating/ingesting this food(s) or exposure to allergen(s) → **GIVE EPINEPHRINE**.

Allergy to: \_\_\_\_\_

\*Asthma:  Yes  No      \*Previous anaphylaxis:  Yes  No      \*= Higher risk for a severe reaction

May carry medicine:  Yes  No      May give him/herself medicine:  Yes  No      **Note: If student refuses/is unable to self-treat, adult must give medicine.**

### PHYSICIAN, SELECT CHOICE #1 OR #2 BELOW:

- #1 Follow Standard FARE (Food Allergy Research & Education) instructions:**
  - For **MILD** symptoms from **1 BODY SYSTEM** (e.g., skin, GI, etc.), **GIVE MEDICATION(S)** [See **MEDICATIONS/DOSES**].
  - For **MILD** symptoms from **MORE THAN 1 BODY SYSTEM (2 or more)**, → **GIVE EPINEPHRINE**.
  - For **ANY SEVERE** symptoms, → **GIVE EPINEPHRINE IMMEDIATELY**.
  - See **FARE SYMPTOMS CHART** and providing care on reverse side.

### MEDICATIONS/DOSES

Epinephrine Brand/Generic: \_\_\_\_\_  
 Epinephrine dose: \_\_\_\_\_  
 0.15mg IM       0.3mg IM  
 Antihistamine Brand/Generic: \_\_\_\_\_  
 Antihistamine dose: \_\_\_\_\_  
 Other (e.g., inhaler-bronchodilator if wheezing, steroid): \_\_\_\_\_

- #2 Follow physician specific instructions for student requiring Non-Standard plan of care:**

Symptoms:	Give checked medication(s) [See Medications/Doses above]		
	Epinephrine	Antihistamine	Nothing
• If exposed to allergen, but <b>NO symptoms</b> are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Nose:</b> itchy or runny nose, sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Mouth:</b> itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Skin:</b> hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Gut:</b> nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Throat*:</b> tightening of throat, hoarseness, hacking cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Lung*:</b> shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Heart*:</b> thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If reaction is progressing (several of the above areas affected), give...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a SEVERE REACTION → GIVE EPINEPHRINE.**












\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
 Texas-Licensed Physician's Signature      Print Name      Date  
 Phone #: (\_\_\_\_) \_\_\_\_\_      Fax #: (\_\_\_\_) \_\_\_\_\_

**PROVIDE CARE AS SEEN ON REVERSE SIDE**

**PROVIDE CARE AS FOLLOWS WHEN EPINEPHRINE OR MEDICATION(S) ARE GIVEN:**

- CALL 911.** Tell emergency dispatcher the student is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine as listed in **Medications/Doses** section.
- Lay the student 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.
- Notify school administration and student’s emergency contacts.
- Transport student to nearest emergency department, even if symptoms resolve. Student should remain in emergency department at least 4 hours because symptoms may return.

**FARE SYMPTOMS CHART**

<p>For <b>ANY</b> of the following <b>SEVERE SYMPTOMS</b></p>				<p><b>MILD SYMPTOMS</b></p>			
							
<b>LUNG</b>	<b>HEART</b>	<b>THROAT</b>	<b>MOUTH</b>	<b>NOSE</b>	<b>MOUTH</b>	<b>SKIN</b>	<b>GUT</b>
Shortness of breath, wheezing, repetitive cough	Pale or bluish skin, faintness, weak pulse, dizziness	Tight or hoarse throat, trouble breathing or swallowing	Significant swelling of the tongue or lips	Itchy or runny nose, sneezing	Itchy mouth	A few hives, mild itch	Mild nausea or discomfort
			<p><b>GIVE EPINEPHRINE IMMEDIATELY</b></p> <p><b>OR A COMBINATION</b></p>	<p>For <b>MILD</b> symptoms from <b>1 BODY SYSTEM</b> (e.g., skin, GI, etc.), <b>GIVE MEDICATION(S)</b> (See <b>MEDICATIONS/DOSES</b>) and care below.</p>			
<b>SKIN</b>	<b>GUT</b>	<b>OTHER</b>		<p>1. Antihistamines or other medications may be given, if ordered by a medical provider. 2. Stay with the student; notify student’s emergency contacts. 3. Watch closely for changes. <b>If symptoms worsen, give epinephrine.</b></p>			
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	of symptoms from different body areas	<p>For <b>MILD</b> symptoms from <b>MORE THAN 1 BODY SYSTEM (2 or more)</b>, <b>GIVE EPINEPHRINE.</b></p>			

Student: \_\_\_\_\_ ID# \_\_\_\_\_

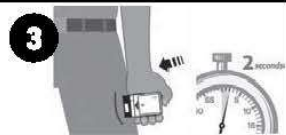
- I understand that I must provide the medication(s) as prescribed by my child’s medical provider for the health and safety of my child at school/Entiendo que debo proporcionar los medicamentos recetados por el proveedor médico de mi hijo para la salud y seguridad de mi hijo en la escuela.
- If student carries medicine:** I understand that an extra epinephrine auto-injector should be kept in the nurse’s office in case the one my child carries is lost, misplaced, or stolen/ Si el estudiante lleva medicamentos: entiendo que se debe guardar un autoinyector de epinefrina adicional en la oficina de la enfermera en caso de que el que mi hijo lleva se pierda, se extravíe o se lo roben.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_



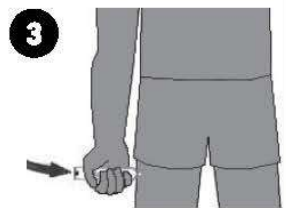
**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



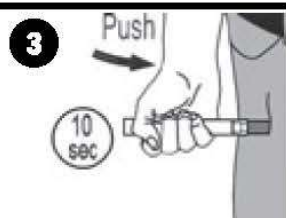
**HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION**

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



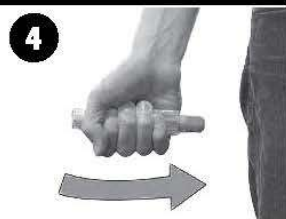
**HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS**

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



**HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES**

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



**HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)**

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi™ by finger grips only and slowly insert the needle into the thigh. SYMJEPi™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



**ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

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

**Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.**

**EMERGENCY CONTACTS — CALL 911**

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS**

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
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NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_