



SKAGIT VALLEY FAMILY YMCA EMERGENCY ACTION PLAN FOR SEVERE ALLERGIC REACTION

Student: _____ Birth Date: _____ Allergic to: _____

Does this student also have Asthma? ☐ No ☐ Yes (higher risk for severe reaction)

Extremely reactive to the following food/other allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately for **ANY** symptoms if likely exposed to the allergen or food allergen was eaten.
- ☐ If checked, give epinephrine immediately if definitely exposed to any allergen, **EVEN IF NO SYMPTOMS ARE APPARENT.**

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, abdominal cramping/pain

MILD SYMPTOMS ONLY

Mouth: Itchy mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort



1. INJECT EPINEPHRINE IMMEDIATELY

*2ND dose can be given in 5 minutes or more if symptoms persist or recur

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.**

1. GIVE ANTIHISTAMINE

2. Stay with student; alert health care professionals and parent
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring (see box below)

MEDICATION / DOSES:

Epinephrine: ☐ Epinephrine Jr. 0.15mg **OR** ☐ Epinephrine 0.3mg

Antihistamines: ☐ Benadryl/Diphenhydramine 12.5mg/5ml _____ tsp(s) **OR** 25mg _____ tab(s)

OR: _____

*Liquid antihistamine would be preferable over tables IF AVAILABLE

Other: (e.g. inhaler/bronchodilator if asthmatic): ☐ Albuterol/Xopenex - 2 puffs or _____

MONITORING: Stay with student. Alert healthcare professionals and parents.

- Tell rescue squad epinephrine was given; request an ambulance with epinephrine.
- Note time when epinephrine was administered. A 2nd dose 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.

THE SEVERITY OF THE REACTION CAN CHANGE QUICKLY AND MAYBE SIGNIFICANTLY MORE SEVERE THAN PREVIOUS REACTIONS.

Parent Signature

Date

HCP: please indicate date
this plan is valid through:

place student
photo here

Health Care Provider Signature

Date

Date (plan is valid through)

Separate Medication Permission Form must be completed by parent prior to expiration date on medication(s).

EMERGENCY CONTACT INFORMATION

Parent _____ Home _____ Cell _____

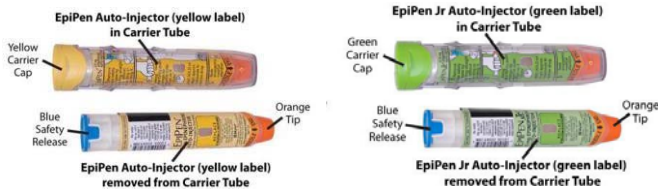
Parent _____ Home _____ Cell _____

Primary Care MD _____ Address _____ Phone _____

Allergy MD _____ Address _____ Phone _____

EpiPen and EpiPen Jr Auto-Injector

3-Step Easy To Follow Instructions:



1. PREPARE THE EPIPEN OR EPIPEN JR AUTO-INJECTOR FOR INJECTION

- Remove the auto-injector from the clear carrier tube.
- Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube.
- Tip and slide the auto-injector out of the carrier tube.
- Grasp the auto-injector in your fist with the orange tip pointing downward.
- With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.

2. ADMINISTER THE EPIPEN OR EPIPEN JR AUTO-INJECTOR

- Hold the auto-injector with orange tip near the outer thigh.
- Swing and firmly push the orange tip against the outer thigh until it 'clicks'. Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.
- Hold firmly against the thigh for approximately 10 seconds to deliver the drug. The injection is now complete.



3. FINALIZE THE INJECTION PROCESS

- Remove the auto-injector from the thigh. The orange tip will extend to cover the needle.
- Massage the injection area for 10 seconds.

Get emergency medical help right away

You may need further medical attention. You may need a second EpiPen or EpiPen Jr Auto-Injector should symptoms persist or recur.

How to use Auvi-Q™

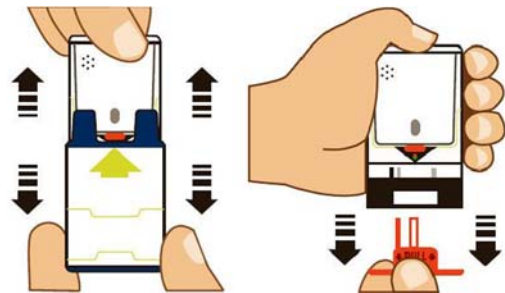
1. PULL AUVI-Q™ FROM THE OUTER CASE

- Do not proceed to step 2 until you are ready to use Auvi-Q™.
- If not ready to use, replace the outer case.

2. PULL OFF THE RED SAFETY GUARD

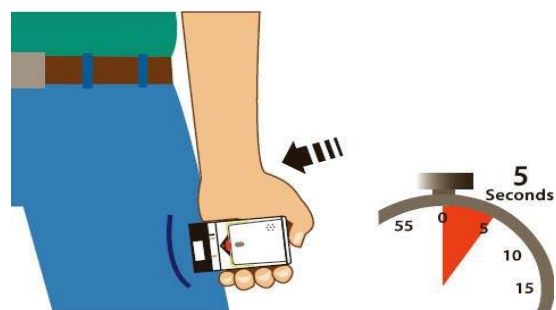
- To avoid an accidental injection, never touch the black base of the auto-injector.
- If an accidental injection does occur, seek medical help immediately.

NOTE: The safety guard is meant to be tight. Pull firmly to remove.



3. PLACE BLACK END AGAINST THE MIDDLE OF OUTER THIGH

- Place black end against the middle of the outer thigh (through clothing, if necessary)
- Then press firmly and hold in place for 5 seconds.
- Each device is a single-use injection.
- Only inject into the middle of the outer thigh (upper leg).
- Do not inject into any other location.
- Note: Auvi-Q™ makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q™ is working correctly.
- Do not pull Auvi-Q™ away from your leg when you hear the click and hiss sound.



4. SEEK MEDICAL ATTENTION IMMEDIATELY

Replace the outer case and take your used Auvi-Q™ with you to a healthcare professional for proper disposal and a prescription refill.