



Health Services Dept.
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Health Services

Anaphylaxis Action Plan

Student Name: _____ DOB: _____ Campus: _____

ALLERGY TO: _____

History: _____ Grade /Teacher _____

Asthma: Yes (Higher risk for severe reaction) No

Step 1: Treatment

Symptoms: (Give Checked Medications)

➤ Suspected ingestion or sting, but <i>no symptoms</i>	Epinephrine	Antihistamine
MILD SYMPTOMS: Itchy mouth, few hives, mild itch, mild nausea/discomfort	Epinephrine	Antihistamine
MOUTH: Itching, tingling, or mild swelling of lips, tongue, mouth	Epinephrine	Antihistamine
SKIN: Flushing, hives, itchy rash	Epinephrine	Antihistamine
STOMACH: Nausea, abdominal pain or cramping, vomiting, diarrhea	Epinephrine	Antihistamine
‡ THROAT: Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
‡ LUNG: Shortness of breath, repetitive cough, wheezing	Inhaler	Epinephrine
‡ HEART: Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin	Epinephrine	Antihistamine
➤ If reaction is progressing (several of the above areas affected), give	Epinephrine	Antihistamine

‡ Potentially life threatening: give epinephrine first, and then can give antihistamine!

Remember – severity of symptoms can quickly change.

Dosage:

Epinephrine: inject intramuscularly using auto-injector (check one): **0.3 mg** **0.15 mg**

Administer 2nd dose if symptoms do not improve in 15 – 20 minutes

Antihistamine: give _____
(Medication / Dose / Route)

Asthma Rescue (if asthmatic): give _____
(Medication / Dose / Route)

Student has been instructed and is capable of self-administering own medication. Yes No

Provider (print): _____ Phone Number: _____

Provider's Signature: _____ Date: _____

Step 2: Emergency Calls

1. If epinephrine given, call 911. State that an allergic reaction has been treated and additional epinephrine, Oxygen or other medications may be needed.
2. Parent: _____ Phone Number: _____
3. Emergency contacts:
 - a. Name/Relationship: _____ Phone: _____
 - b. Name/Relationship: _____ Phone: _____

To be completed by healthcare provider

Even if Parent/Guardian Cannot be Reached, Do Not Hesitate to Administer Emergency Medications

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

Parent/Guardian Signature: _____ Date: _____

Revised: October 18, 2012

School Nurse: _____ Date: _____

Grade / Teacher

Trained Staff Members

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- Room: _____
- Room: _____
- Room: _____
- Room: _____
- Room: _____

Self-carry contract on file: Yes No

Medication located: _____

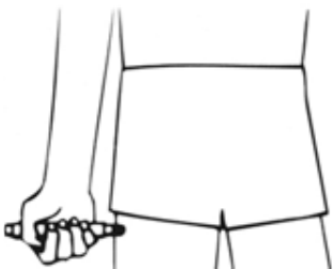
EpiPen® and EpiPen® Jr. Directions

Expiration date: _____

- Pull off blue activation cap.



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinjet® 0.3 mg and Twinjet® 0.15 mg Directions

Expiration date: _____

- Remove caps labeled "1" and "2."

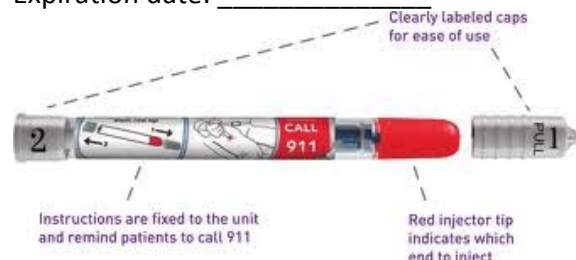


- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, and then remove.



Adrenaclick 0.3 mg. and Adrenaclick 0.15 mg. Directions

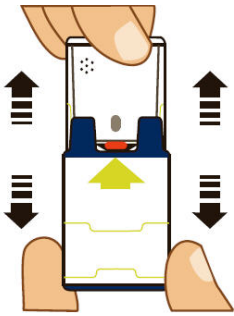
Expiration date: _____



How to use Auvi-Q™

1. Pull Auvi-Q™ from the outer case

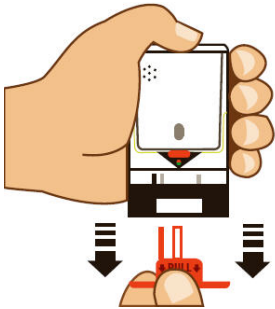
Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.



2. Pull off Red safety guard

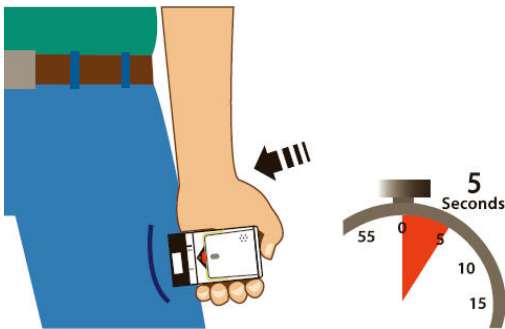
To avoid an accidental injection, **never** touch the black base of the auto-injector. If an accidental injection does occur, seek medical help immediately.

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



3. Place black end against the middle of 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.