Anaphylaxis Action Plan

For those requiring emergency EPINEPHRINE treatment

"Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death."
(National Institute of Allergy & Infectious Disease, 2010)

Photo

Name: _____ DOB: _____

ALLERGIC to: _____

History of Asthma: Yes *(more at risk for severe reaction)* No

May self-carry medications: Yes No **May self administer medications:** Yes No

Medication Doses

EPINEPHRINE Dose:

Up to 55 lbs. (25 kg)
- EpiPen Jr. (0.15 mg)
- Adrenaclick (0.15 mg)
- Auvi-Q (0.15 mg)

Over 55 lbs. (25 kg)
- EpiPen (0.3 mg)
- Adrenaclick (0.3 mg)
- Auvi-Q (0.3 mg)

***Antihistamine Type + Dose:**

Benadryl (also known as Diphenhydramine)
12.5 mg (1 teaspoon or 1 chewable)
25 mg (2 teaspoons or 2 chewables)
50 mg (4 teaspoons or 4 chewables)
Other antihistamine: _____

Extremely reactive to the following foods:

THEREFORE:

☐ If checked, give EPINEPHRINE immediately for ANY symptoms if the allergen was *likely* eaten.
☐ If checked, give EPINEPHRINE immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

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 (eyes, lips)
- Gut: Vomiting, crampy pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. **CALL 9-1-1**
3. Begin Monitoring (as specified below)
4. Give additional medications*:
   a. Antihistamine
   b. Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat severe reaction (anaphylaxis). **USE EPINEPHRINE.**

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

GIVE ANTIHISTAMINE
Stay with student; alert healthcare professionals and parent/guardian
If symptoms progress (see above) USE EPINEPHRINE
Begin monitoring (as specified below)

For unique situations: _____

_____

Monitoring

A **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

Stay with person; alert healthcare professionals and parent/guardian. Tell rescue squad EPINEPHRINE was given. Note time when EPINEPHRINE was administered. For a severe reaction, consider keeping person lying on back with legs raised. Treat person even if parents cannot be reached. See back/attached for auto-injection technique. Provider Signature:

Printed Name: _____ _____ _____

Phone *Date*

Parent/Guardian Signature: _____

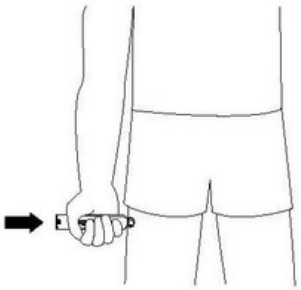
Turn Form Over

Children's Physician Network
www.clinics4kids.org

Adapted from the Food Allergy & Anaphylaxis Network (FAAN) Action Plan
www.foodallergy.org

EPIPEN Auto-Injector and EPIPEN Jr. Auto-Injector Directions

1. Remove the EPIPEN Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap
3. Hold orange tip near outer thigh (always apply to thigh)
4. Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds
5. Remove EPIPEN Auto-Injector and massage the area for 10 seconds

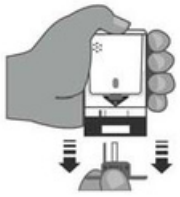


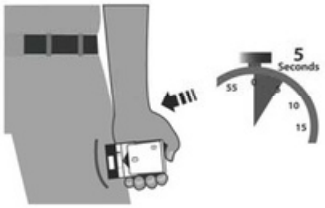
1. Retire el autoinyector EPIPEN del estuche de plástico.
2. Retire la tapa azul de seguridad.
3. Sostenga la punta naranja cerca de la parte exterior del muslo (aplíquela siempre en el muslo).
4. Balancee y presione firmemente la punta naranja contra la parte exterior del muslo. Manténgala sobre el muslo durante aproximadamente 10 segundos.
5. Retire el autoinyector EPIPEN y masajee la zona durante 10 segundos.

Auvi-Q 0.3 mg and Auvi-Q 0.15 mg 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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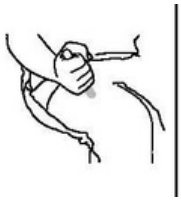
Adrenaclick 0.3 mg and Adrenaclick 0.15 mg Directions

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.



ADRENACLICK®
(epinephrine injection, USP) auto-injector

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: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

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