

# INDIVIDUALIZED LIFE THREATENING ALLERGY EMERGENCY ACTION PLAN

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

ASTHMATIC Yes \* \_\_\_\_\_ NO \_\_\_\_\_ \*High risk for severe reaction

## SIGNS OF AN ALLERGIC REACTION

(Highlight or circle symptoms appropriate to child)

### Systems:

- Mouth
- Throat \*
- Skin
- Lung \*
- Heart \*
- Gut

### Symptoms:

- Itching, tingling or swelling of the lips, tongue, or mouth
- Itching and/or tightening of throat, hoarseness, hacking cough
- Hives, itchy rash, swelling about the face or extremities
- Shortness of breath, repetitive coughing, wheezing
- Weak or thready pulse, low blood pressure, fainting, paleness, blueness
- Nausea, vomiting, abdominal cramps, diarrhea

**\*Potentially Life Threatening. The severity of symptoms can quickly change.**

## ◀STEP 1: TREATMENT▶

**Epinephrine:** inject intramuscularly (check one) \_\_\_\_\_ **0.3mg EpiPen®** \_\_\_\_\_ **0.15mg EpiPen Junior®**  
(see reverse side for directions) **other** \_\_\_\_\_ **include dosage**

**Antihistamine:** give \_\_\_\_\_ by mouth \_\_\_\_\_ times a day.  
**Dosage**

**Inhaler:** give \_\_\_\_\_ puffs by mouth every \_\_\_\_\_ minutes, hours (circle one)

## ◀STEP 2: EMERGENCY CALLS▶

**Call Emergency Medical Services: 9-1-1 immediately**

**Call: Parent/Guardian** \_\_\_\_\_  
(Name) (Home) (Work) (Cell)

**Call: Parent/Guardian** \_\_\_\_\_  
(Name) (Home) (Work) (Cell)

or emergency contacts (listed on reverse side of this form)

**Possible side effects of Epinephrine:** Palpitations, tachycardia (rapid heart beat), sweating, nausea, vomiting, breathing difficulties, pale skin color, dizziness, weakness, tremor, headache, anxiety, apprehension and nervousness.

**Stay with child until emergency help arrives – position child on left side.**

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMERGENCY MEDICAL SERVICES, EVEN IF PARENTS CANNOT BE REACHED!**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All students must be transported to the hospital by Emergency Medical Services (EMS) after receiving Epinephrine.**

**(OVER) EMERGENCY CONTACTS**

**TRAINED STAFF MEMBERS**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ RM \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ RM \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ RM \_\_\_\_\_

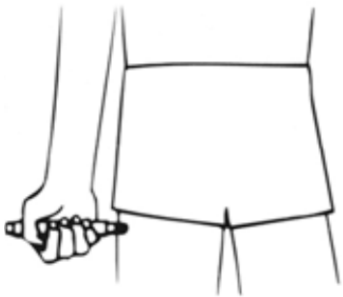
**EpiPen® and EpiPen® Jr.**

**Directions**

- ⌚ Pull off gray activation cap.



- ⌚ Hold black 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.

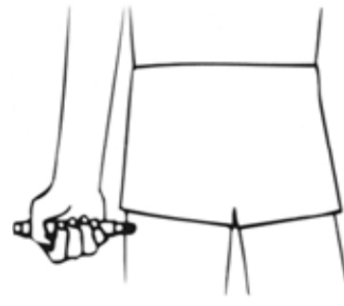
**Twinject® 0.3 mg and Twinject® 0.15 mg**

**Directions**

- ⌚ 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.



I give permission for my son/daughter to self-administer their EpiPen as prescribed by his/her physician.  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No

I give permission for the appropriately trained staff to administer EpiPen and share information as deemed necessary for my child's health and safety.

Parent Signautre: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Epi-Pen Location(s):**

**Expiration Date(s):**

---



---



---