

Emergency Care Plan
Allergy Action Plan



Name: _____ D.O.B. __/__/__

Allergy to: _____

Weight: ____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Any SEVERE SYMPTOMS after suspected or known exposure:
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, crampy pain



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma
 - Notify Parent/Guardian

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent (see other side)
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring – Circulation, Airway, Breathing (AHA 2010 CPR protocol)
Stay with student; alert health care professionals and parent. Note time when epinephrine was administered and inform rescue squad upon arrival; request an ambulance with epinephrine. A **second dose of epinephrine can be given 5 minutes** or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student/patient lying on back with legs raised. Treat student even if parents cannot be reached (See back for auto-injection technique). Provide CPR if necessary and/or other first aid measures as needed.

Parent/Guardian Signature _____ Date _____

Physician/Healthcare Provider Signature _____ Date _____

Contacts

Call 911 EMS Doctor: _____ Phone: (____)____ - _____

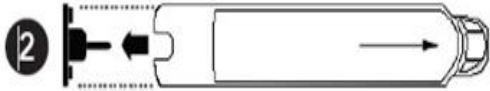
Parent/Guardian: _____ Phone: (____)____ - _____

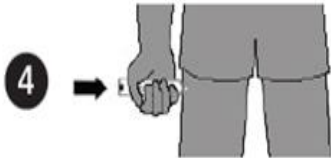
Other Emergency Contacts
Name/Relationship: _____ Phone: (____)____ - _____

Instructions for Administration of Epinephrine Auto-Injector

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

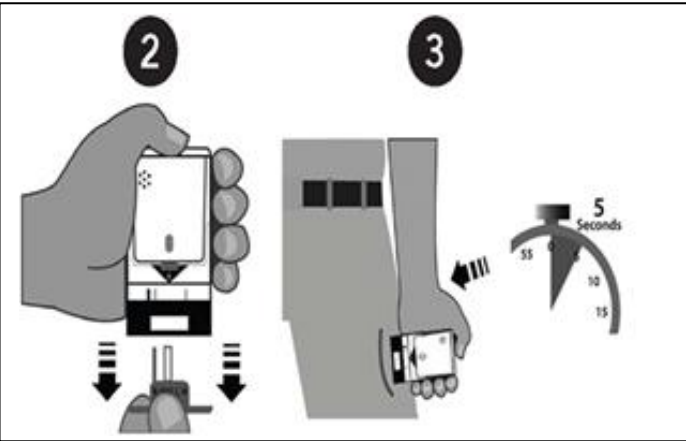
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.





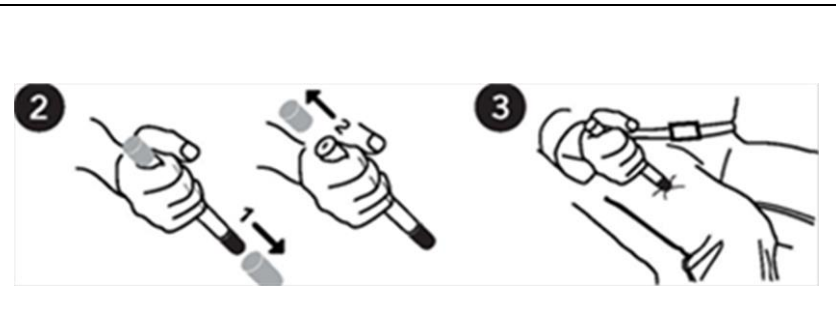
Auvi-Q™ (Epinephrine Injection, USP) Directions

1. Remove the outer case of Auvi-Q. this will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



AdrenaCLICK® / AdrenaCLICK® Generic Directions

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION

Signature of Parent: _____ Physician: _____ Date: _____

Liability: "school shall be immune from any civil or criminal liability arising from the administration or self-administration of an epinephrine auto-injector under this section unless the person's conduct constituted intentional misconduct" V.S.A. 16 § 1388.