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)

Name:	DOB:	Photo
ALLERGIC to:	_	
History of Asthma: ☐ Yes <i>(more at risk for severe reaction)</i>	□ 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) □ Auvi-Q (0.3 mg)	*Antihistamine Type + Dose:  ☐ Benadryl (also known as Diphenhydramin ☐ 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 i  If checked, give EPINEPHRINE immediately if the allergen was a	if the allergen was <i>likely</i> eaten.	ted.
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 EPINEPHE IMMEDIATELY 2. Call 911 3. Begin monitoring (as 4. Give additional medi • Antihistamine • Inhaler (broncho  *Antihistamines & inhale are not to be depended a severe reaction (anaphyla EPINEPHRINE.	s specified below) ications:* idilator) if asthma rs/bronchodilators upon to treat
MILD SYMPTOMS only:  Mouth: Itchy Mouth Skin: A few hives around mouth/face, mild itch Gut: Mild nausea/discomfort	GIVE ANTIHISTAN     Stay with student; a professionals and pa     If symptoms progress EPINEPHRINE     Begin monitoring (as	lert healthcare arent/guardian ss (see above) USE
For unique situations:		
Monitoring A SECOND DOSE of EPINEPHRINE can be given 5 minutes or more		
Stay with person; alert healthcare professionals and parent.  Note time when EPINEPHRINE was administered. For a severe reac  Treat person even if parents cannot be reached. See back/attached	tion, consider keeping person lying on back	
Provider Signature:		 Date
Printed Name:		
Parent/Guardian Signature:	Phone Phone	 Date

Page 1: Patient Page 2: School/Daycare/Work

Page 3: Chart



Turn Form Over →

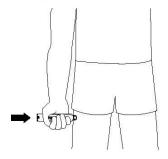
Adapted from the Food Allergy & Anaphylaxis Network (FAAN) Action Plan www.foodallergy.org

## EPIPEN® Auto-Injector and EPIPEN Jr® Auto-Injector Directions

 First, remove the EPIPEN Auto-Injector from the plastic carrying case



- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)



 Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

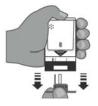


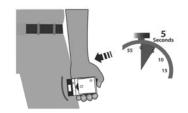
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## Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg Directions

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.

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.





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:			

