

ANAPHYLAXIS ACTION PLAN

Patient Name (Last, First, Middle)	Date of birth	Expiration Date for Action Plan
Patient Weight:	History of Asthma: Y/N	Grade / School Classification
Patient's known severe allergies:		

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

Health Care Provider		Provider's Phone Number	
Responsible Person (i.e. parent/guardian)		Work Phone Number / Cell Phone Number	
Emergency Contacts	Home Number	Work Number	Cellular Number
1.			
2.			

Medication:

Epinephrine Injection. (0.15 mg)

Epinephrine Injection (0.3 mg)

Other: _____

Injection area:

Thigh

Other: _____

To prevention anaphylaxis administer a one-injection.

****If there is no relief in 5 minutes, administer second injection****

Watch out for the Following:



Trouble breathing, wheezing, dizziness, fainting, unconsciousness



Hives/rash on skin with redness and itching; Fast heartbeat



Stomach pain, vomiting, diarrhea



Hoarse voice, difficulty talking
Swelling on face, lips, mouth, tongue

Follow these 2 simple steps to administrate the auto injector from the carrier tube:



1. Remove from carrier tube.
2. Remove blue safety cap by pulling straight up.
3. Place orange tip against middle of outer thigh (or injection site).
4. Push auto-injector site until it clicks. Hold firmly in place for 3 to 10 seconds. Massage site for 10 seconds.

1. Administer auto-injector through clothes, if necessary. Do NOT discard auto-injector.
2. Stay with Child; watch for changes.
3. Call 911.
4. Call emergency contacts listed above.
5. Give used auto-injector to emergency responders upon arrival.

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Additional Points to Follow:

- Contact Health Suite Personnel with updated information about known allergies in the event new allergies are discovered
- Give additional medications following epinephrine: such as an antihistamine if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.
- Immediately contact primary care provider for next steps
- Replace used Epi-Pens and submit applicable school forms (i.e., medication and treatment forms, etc.)

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER:

Healthcare Providers Initials

- _____ This student was trained and is capable to self-administer with the auto injectable epinephrine pen
- _____ This student is not approved to self-medicate

- As the Responsible Person, I hereby authorize a trained school employee to administer medication to the student
- As the Responsible Person, I hereby authorize this student to possess and self-administer medication.

Health Care Provider's signature Date

I hereby acknowledge that the form has been received by the Health Suite Personnel and a walk through was conducted. The student/child has received counseling education on prevention and treatment.

I hereby acknowledge that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct

Responsible Person's signature Date

Health Suite Personnel Signature Date

Health Suite Personnel Signature Date

