

ELIZABETHTOWN AREA SCHOOL DISTRICT
Allergy/Anaphylaxis Medication Authorization and Emergency Action Plan

Name: _____ D.O.B. _____ Grade: ___ HR: _____

Allergy: _____ Weight: _____ pounds

Asthma: YES (higher risk for a severe reaction) NO

Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

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

In case of an emergency, contact in order:

1. Name: _____ Phone: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Phone: _____ Relationship: _____

Emergency Action Plan (EAP)

1. FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS, INJECT EPINEPHRINE IMMEDIATELY.

- LUNG:** Shortness of breath, wheezing, repetitive cough
- HEART:** Pale or bluish skin, faintness, weak pulse, dizziness
- THROAT:** Tight or hoarse throat, trouble breathing or swallowing
- MOUTH:** Significant swelling of the tongue or lips
- SKIN:** Many hives over body, widespread redness
- GUT:** Repetitive vomiting, severe diarrhea
- OTHER:** Feeling something bad is about to happen, anxiety, confusion

2. MILD SYMPTOMS:

- NOSE:** Itchy or runny nose, sneezing
- MOUTH:** Itchy mouth
- SKIN:** A few hives, mild itch
- GUT:** Mild nausea or discomfort

***FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

***FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA,**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts
- Watch closely for changes. If symptoms worsen, give epinephrine.

- Call 911 if epinephrine is administered. Tell emergency dispatcher person is having anaphylaxis.
- Consider giving additional medications following epinephrine, if ordered.
- Lay person flat, raise legs and keep warm. If having difficulty breathing or vomiting, allow to sit up/lie on side.
- Alert emergency contacts.
- If symptoms do not improve or they return, may give another dose of epinephrine about 5 minutes after last dose.
- If hives develop without symptoms from another body system, consult parents about staying in school versus pick-up and medical follow-up.

Medication(s) (School)

1. Administer 1 epinephrine auto injector 0.15mg IM 0.3mg IM into the anterolateral aspect of the thigh, through clothing if necessary. Time: PRN for anaphylaxis for the duration of the school year.

2. Name: _____ Dose/Route: _____ Time: _____ for duration of school year.

3. Name: _____ Dose/Route: _____ Time: _____ for duration of school year.

Self-Administration/Consent to Carry

Epinephrine Use: This student was taught how to administer his/her epinephrine and demonstrates the capability for self-administration and for responsible behavior in the use of his/her medication. He/she has permission to carry and self-administer his/her epinephrine as prescribed, when needed. The student shall notify the nurse or designee immediately. If the student abuses or ignores the school policies, the medication may be confiscated and the privilege to carry the medication may be removed.

YES NO

Healthcare Provider's Signature (MD, DO, NP, PA)

Printed Name

Date

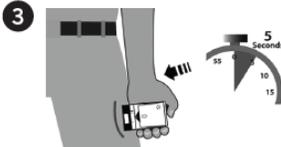
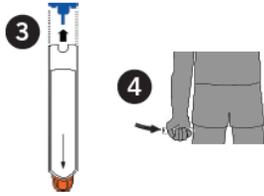
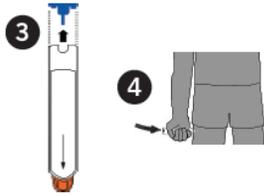
*Signing verifies that the above EAP has been prescribed by you, the child's healthcare provider, and should be carried out by the school he/she attends.

Signature of Parent/Guardian

Printed Name

Date

*Signing verifies that you, the parent/guardian, give permission for the school staff to carry out the administration of the above-prescribed plan in your absence and relieve the Board and its employees of responsibility for the benefits or consequences for such medication and its administration.

<p>HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO</p> <ol style="list-style-type: none"> 1. Remove Auvi-Q from the outer case. 2. Pull off red safety guard. 3. Place black end of Auvi-Q against the middle of the outer thigh. 4. Press firmly, and hold in place for 5 seconds 5. Call 911 and get emergency medical help right away. 	
<p>HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN</p> <ol style="list-style-type: none"> 1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube. 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. 3. With your other hand, remove the blue safety release by pulling straight up. 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 6. Remove and massage the injection area for 10 seconds. 7. Call 911 and get emergency medical help right away 	
<p>HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN</p> <ol style="list-style-type: none"> 1. Remove the epinephrine auto-injector from the clear carrier tube. 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. 3. With your other hand, remove the blue safety release by pulling straight up. 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3). 6. Remove and massage the injection area for 10 seconds. 7. Call 911 and get emergency medical help right away. 	
<p>HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES</p> <ol style="list-style-type: none"> 1. Remove epinephrine auto-injector from its protective carrying case. 2. Pull off both blue end caps: you will now see a red tip. 3. Grasp the auto-injector in your fist with the red tip pointing downward. 4. Put the red tip against middle of outer thigh at a 90-degree angle, perpendicular to thigh. 5. Press down hard and hold firmly against the thigh for approximately 10 seconds. 6. Remove and massage the area for 10 seconds. 7. Call 911 and get emergency medical help right away. 	
<p>ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:</p> <ol style="list-style-type: none"> 1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room. 2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries. 3. Epinephrine can be injected through clothing if needed. 4. Call 911 immediately after injection. 	