

# ANAPHYLAXIS ACTION PLAN

Please be mindful that this form expires after one year.

Patient Name (Last, First, Middle)		Date of Birth	Expiration Date of Action Plan
Patient Weight:		History of Asthma: Y/N	Grade
Patient's known severe allergies:			
<input type="checkbox"/> If checked, give epinephrine immediately if the allergen was <b>LIKELY</b> eaten/inhaled/touched, for ANY symptoms.		<input type="checkbox"/> If checked, give epinephrine immediately if the allergen was <b>DEFINITELY</b> eaten/inhaled/touched, even if no symptoms are apparent.	
Medication: <input type="checkbox"/> Epi Pen Jr. (0.25mg) <input type="checkbox"/> Epi Pen (0.3 mg) <input type="checkbox"/> Other: _____		Injection area: <input type="checkbox"/> Thigh <input type="checkbox"/> Other: _____	
<p><b>TO PREVENT ANAPHYLAXIS, ADMINISTER ONE INJECTION THEN CALL 911</b></p> <p>*Symptoms generally subside immediately after the first dose. If symptoms do not subside after 4-6 minutes, or if symptoms subside and then return, administer a second dose*</p>			
Health Care Provider		Provider's Phone Number	
Parent/Guardian Name		Parent/Guardian Phone Number	
Emergency Contacts	Home Number	Work Number	Cellular Number
1.			
2.			
3.			

## WATCH FOR THE FOLLOWING:



### NOSE

Itchy/runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea/ discomfort

## Follow these 4 simple steps to give the EpiPen® auto-injector from the carrier tube:



**Step 1.**  
Remove from carrier tube.



**Step 2.**  
Remove blue safety cap by pulling straight up.



**Step 3.**  
Swing auto-injector into the thigh so orange tip meets the thigh and a loud click is heard.



**Step 4.**  
Hold auto-injector firmly in place for 10 seconds. Remove the auto-injector and massage the injection

### As a Parent/Guardian:

1. Administer EpiPen® or EpiPen® Jr. through the clothing if necessary, call 911, stay with the child and observe whether symptoms subside.
2. If symptoms do not subside in 4-6 minutes or if they subside and return administer a second epipen.
3. Call 911
4. Call emergency contacts listed above
5. Give the student's used auto-injector(s) to emergency responders upon their arrival.

### As a School Staff:

1. Administer EpiPen® or EpiPen® Jr. through clothes, if necessary.
2. Stay with child and watch for changes
3. Call 911
4. Call emergency contacts listed above

*Only a few signs and symptoms may be present. Severity can change quickly. Some symptoms can be life threatening. Some signs and symptoms include:*

- **Trouble breathing, wheezing**
- **Hoarse voice, difficulty talking**
- **Hives/rash on skin with redness and itching**
- **Swelling of face, lips, mouth, tongue**
- **Dizziness, fainting, unconsciousness**
- **Stomach pain, vomiting, diarrhea**
- **Fast heartbeat**

### Additional Points to Follow:

- Contact Health Suite Personnel with updated information about known allergies in the event new allergies are discovered
- Administer 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.)

# ANAPHYLAXIS ACTION PLAN

## Points to consider to primary care provider:

- Administer additional medications following epinephrine: such as an antihistamine if wheezing.
- Lay the student flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- Ensure emergency responders transport student to emergency room, even if symptoms resolve. Student should remain in ER for at least 4 hours because symptoms may return.
- If undersigned epinephrine auto-injector was administered, follow protocols to contact the Office of State Superintendent of education for replacement.
- Contact Health suite personnel with updated information about allergies, should require submission of a NEW action plan by provider- DC Health

## SCHOOL MEDICATION CONSENT AND PROVIDER ORDER:

### Healthcare Providers Initials

- \_\_\_\_ This student was trained and is capable of self-administering with the epinephrine auto-injector.

Where is the Epi-Pen located? \_\_\_\_ (self-carry student, in nurse suite or \_\_\_\_ other)

- \_\_\_\_ This student is allowed to administer the epinephrine auto-injector.

- \_\_\_\_ This student is not approved to self-medicate.

\_\_\_\_\_  
Health Care Provider's signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date