

# INDIVIDUALIZED LIFE THREATENING ALLERGY EMERGENCY ACTION PLAN

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

ASTHMATIC Yes \* \_\_\_\_\_ NO \_\_\_\_\_ \*High risk for severe reaction



## SIGNS OF AN ALLERGIC REACTION (Highlight or circle symptoms appropriate to child)

### Systems:

- Mouth
- Throat \*
- Skin
- Lung \*
- Heart \*
- Gut

### Symptoms:

Itching, tingling or swelling of the lips, tongue, or mouth  
Itching and/or tightening of throat, hoarseness, hacking cough  
Hives, itchy rash, swelling about the face or extremities  
Shortness of breath, repetitive coughing, wheezing  
Weak or thready pulse, low blood pressure, fainting, paleness, blueness  
Nausea, vomiting, abdominal cramps, diarrhea

**\*Potentially Life Threatening. The severity of symptoms can quickly change.**

## ◀STEP 1: TREATMENT▶

**Epinephrine:** inject intramuscularly (check one) \_\_\_\_\_ **0.3mg EpiPen®** \_\_\_\_\_ **0.15mg EpiPen Junior®**  
(see reverse side for directions)

**Antihistamine:** give **Benadryl** \_\_\_\_\_ by mouth immediately.  
Dosage

## ◀STEP 2: EMERGENCY CALLS▶

**Call Emergency Medical Services: 9-1-1 immediately**

**Call School Nurse if not present.**

**Call: Parent/Guardian** \_\_\_\_\_  
(Name) (Home) (Work) (Cell)

**Call: Parent/Guardian** \_\_\_\_\_  
(Name) (Home) (Work) (Cell)

**or emergency contacts (listed on reverse side of this form)**

**Possible side effects of Epinephrine:** Palpitations, tachycardia (rapid heart beat), sweating, nausea, vomiting, breathing difficulties, pale skin color, dizziness, weakness, tremor, headache, anxiety, apprehension and nervousness.

**Stay with child until emergency help arrives – position child on left side.**

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMERGENCY MEDICAL SERVICES, EVEN IF PARENTS CANNOT BE REACHED!**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All students must be transported to the hospital by Emergency Medical Services (EMS) after receiving Epinephrine.**

**(OVER) EMERGENCY CONTACTS**

**TRAINED STAFF MEMBERS**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ RM \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ RM \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

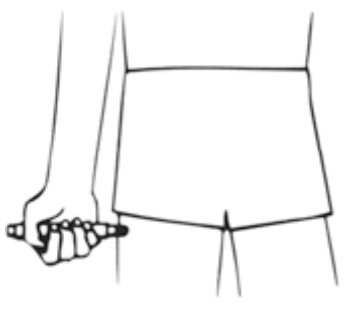
Name \_\_\_\_\_ RM \_\_\_\_\_

**EpiPen® and EpiPen® Jr.  
Directions**

- ☐ Pull off gray activation cap.



- ☐ Hold black tip near outer thigh (Always apply to thigh).



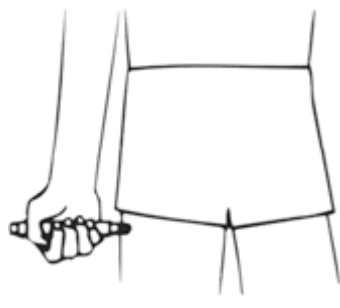
- ☐ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject® 0.3 mg and Twinject® 0.15 mg  
Directions**

- ☐ Remove caps labeled “1” and “2.”



- ☐ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds and then remove.



I give permission for my son/daughter to self-administer their EpiPen as prescribed by his/her physician.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for the school nurse (or appropriately trained school personnel) to administer EpiPen and share information as deemed necessary for my child’s health and safety.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Epi-Pen Location(s):** \_\_\_\_\_ **Expiration Date(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_