

# 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 LIKELY eaten/inhaled/touched, for ANY symptoms.		<input type="checkbox"/> If checked, give epinephrine immediately if the allergen was DEFINITELY eaten/inhaled/touched, even if no symptoms are apparent.	
<b>Medication:</b> <input type="checkbox"/> Epi Pen Jr. (0.15mg) <input type="checkbox"/> Epi Pen (0.3 mg) <input type="checkbox"/> Other: _____		<b>Injection area:</b> <input type="checkbox"/> Thigh <input type="checkbox"/> Other: _____	
<b>TO PREVENT ANAPHYLAXIS, ADMINISTER ONE INJECTION THEN CALL 911</b> *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*			
Health Care Provider		Provider's Phone Number	
Parent/Guardian Name		Parent/Guardian Phone Number	
Emergency Contact Name	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 sub-side 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 re-placement.
- 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