CONROE
INDEPENDENT SCHOOL DISTRICT
Committed to Excellence

Severe Allergy Action Plan • Emergency Care Plan

Photo of Student

Name _____

Student ID# _____ Grade _____

Date of birth _____

Allergy to _____ Reaction _____

Weight _____ lbs.   Asthma: ☐ Yes *(higher risk for a severe reaction)* ☐ No

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Extremely reactive to the following: _____

Therefore: ☐ If checked, give epinephrine immediately for **any** symptoms if exposure to the allergen was likely.

☐ If checked, give epinephrine immediately if there was definite exposure to the allergen, even if no symptoms are noted.

Any **severe symptoms** after suspected or known exposure:

One or more of the following:

Lung: Short of breath, wheeze, repetitive cough
Heart: Pale, blue, faint, weak pulse, dizzy, confused
Throat: Tight, hoarse, trouble breathing / swallowing
Mouth: Obstructive swelling *(tongue and/or lips)*
  Skin: Many hives over body
Or **combination of symptoms** from different body areas:
  Skin: Hives, itchy rashes, swelling *(e.g., eyes, lips)*

  Gut: Vomiting, diarrhea, crampy pain

➡

1. **Inject Epinephrine Immediately**
2. Call 911
3. Begin monitoring *(see box below)*
4. Give additional medications:*
   - Antihistamine
   - Inhaler *(bronchodilator)* if asthma

* *Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).* **Use Epinephrine.**

Mild symptoms only:
Mouth: Itchy mouth
Skin: A few hives around mouth / face, mild itch

Gut: Mild nausea / discomfort

➡

1. **Give Antihistamine**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress *(see above)*, **use Epinephrine**
4. Begin monitoring *(see box below)*

Medications/Doses

Epinephrine *(brand and dose)*: _____

Antihistamine *(brand and dose)*: _____

Other *(e.g., inhaler-bronchodilator if asthmatic)*: _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given five (5) minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

This student has been instructed and has good understanding of the clinical indications to administer the medication listed to the left on this page.

This student has been instructed and is capable of administering this medication in the event of an allergic reaction.

☐ **Yes**   ☐ **No**

_____
School nurse

_____   _____
Parent/Guardian signature   *Date*
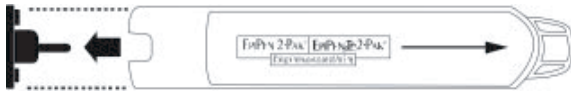
_____   _____
Physician/Healthcare provider signature   *Date*

_____
Date

EpiPen® *(epinephrine)* Auto-Injector

Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap

- Hold orange tip near outer thigh *(always apply to thigh)*
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.
- Remove EpiPen® *(epinephrine)* Auto-Injector and massage the area for 10 more seconds.
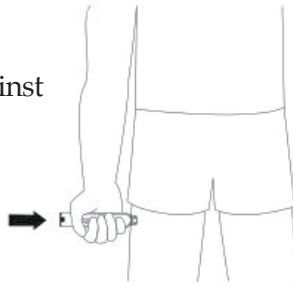
EPIPEN 2·PAK® EPIPENJr 2·PAK®
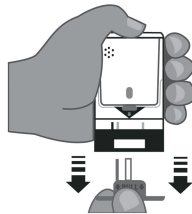(Epinephrine) Auto-Injectors 0.3/0.15mg

EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.
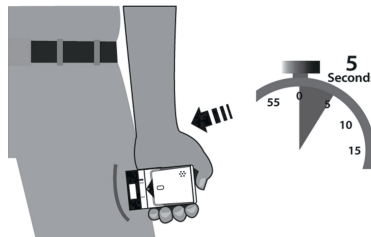
Auvi-QTM *(epinephrine injection, USP)*

Directions

Remove the outer case of Auvi-Q.
- This will automatically activate the voice instructions.
- Pull off RED safety guard. Place black end against outer thigh,
- then press firmly and hold for five (5) seconds.

•)) **Auvi-Q**™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

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5 Seconds
55 0 5
10
15

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg

Directions

Remove GREY caps labeled "1" and "2."

CALL 911   PULL

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

For safety, epinephrine auto-injector training devices should be stored in a separate location than the medication filled device.

Contacts

Doctor

_____
Doctor's name

(_____) _____ - _____
Doctor's phone number

Parent/Guardian

_____
Parent's/Guardian's name

(_____) _____ - _____
Parent's/Guardian's phone number

_____
Parent's/Guardian's name

(_____) _____ - _____
Parent's/Guardian's phone number

Other Emergency Contacts

_____
Name of contact

_____
Relationship to student

(_____) _____ - _____
Contact's phone number

_____
Name of contact

_____
Relationship to student

(_____) _____ - _____
Contact's phone number

_____
Name of contact

_____
Relationship to student

(_____) _____ - _____
Contact's phone number

_____