**Anaphylaxis Action Plan**

For those requiring emergency EPINEPHRINE treatment

“Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death.”

(National Institute of Allergy & Infectious Disease, 2010)

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<th>Name:</th>
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**History of Asthma:**
- [ ] Yes (more at risk for severe reaction)
- [ ] No

**May self-carry medications:**
- [ ] Yes
- [ ] No

**May self administer medications:**
- [ ] Yes
- [ ] No

### Medication Doses

**EPI NEPHRINE Dose:**
- Up to 55 lbs. (25 kg)
  - EpiPen Jr. (0.15 mg)
  - Adrenaclick (0.15 mg)
  - Auvi-Q (0.15 mg)
- Over 55 lbs. (25 kg)
  - EpiPen (0.3 mg)
  - Adrenaclick (0.3 mg)
  - Auvi-Q (0.3 mg)

**Antihistamine Type + Dose:**
- [ ] Benadryl (also known as Diphenhydramine)
- [ ] 12.5 mg (1 teaspoon or 1 chewable)
- [ ] 25 mg (2 teaspoons or 2 chewables)
- [ ] 50 mg (4 teaspoons or 4 chewables)
- [ ] Other antihistamine: 

**Extremely reactive to the following foods:**

Therefore:
- [ ] If checked, give EPINEPHRINE immediately for ANY symptoms if the allergen was likely eaten.
- [ ] If checked, give EPINEPHRINE immediately if the allergen was definitely eaten, even if no symptoms are noted.

### Any SEVERE SYMPTOMS after suspected or known ingestion:

**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 (eyes, lips)
- Gut: Vomiting, crampy pain

1. **Inject EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (as specified below)
4. Give additional medications:*
   - Antihistamine
   - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat 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/guardian
3. If symptoms progress (see above) USE EPINEPHRINE
4. Begin monitoring (as specified below)

### Monitoring

A **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

*Stay with person; alert healthcare professionals and parent/guardian.* Tell rescue squad EPINEPHRINE was given. Note time when EPINEPHRINE was administered. For a severe reaction, consider keeping person lying on back with legs raised. Treat person even if parents cannot be reached. See back/attached for auto-injection technique.

Provider Signature: ____________________________ Phone __________ Date __________

Printed Name: ____________________________ Phone __________ Date __________

Parent/Guardian Signature: ____________________________ Phone __________ Date __________

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**Anaphylaxis Action Plan**

Adapted from the Food Allergy & Anaphylaxis Network (FAAN) Action Plan

www.foodallergy.org

www.clinics4kids.org
EPIPEN® Auto-Injector and EPIPEN Jr® Auto-Injector Directions

- First, remove the EPI PEN 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 the EPI PEN Auto-Injector and massage the area for 10 more seconds

EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP.

Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg 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 5 seconds.

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions

Remove GREY caps labeled “1” and “2”.

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

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan. A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: ________________________)
Doctor: ________________________ Phone: ______________
Parent/Guardian: ________________________ Phone: ______________

Other Emergency Contacts

Name/Relationship: ________________________ Phone: ______________
Name/Relationship: ________________________ Phone: ______________

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