

# EMERGENCY ACTION PLAN

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

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

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## ◆STEP 1: TREATMENT◆

<u>Symptoms:</u>		<u>Give Checked Medication**:</u>	
		**(To be determined by physician authorizing treatment)	
*	If exposure to an allergen has occurred, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	Lungs† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	Other† _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
*	If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

## DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg  
(see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medications/dose/route

**Other:** give \_\_\_\_\_  
medications/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

## **SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS**

I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her medications. It is my professional opinion that \_\_\_\_\_ (student's name)

- is capable of self-administering epinephrine and understands the purpose of the medication, the time at which or circumstances under which the medicine may be administered, and the period for which the medicine is prescribed. He/she should be allowed to carry and self-administer the following medications while on school property or at school-related events for the current school year.
- should NOT be allowed to carry and self-administer epinephrine.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Medication administration and EMS notification must occur without hesitation even without verbal parent verification. Once EpiPen® or Twinjet® is used, call 911. Send the used unit with the family or EMS to the hospital.

**◆STEP 2: EMERGENCY CALLS◆**

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Parent \_\_\_\_\_ Phone Number(s) \_\_\_\_\_
3. Emergency contacts: Name/Relationship Phone Number(s)
  - a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_
  - b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Trained Staff**

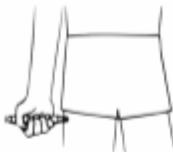
1. \_\_\_\_\_ Room \_\_\_\_\_
2. \_\_\_\_\_ Room \_\_\_\_\_
3. \_\_\_\_\_ Room \_\_\_\_\_

**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, then remove.



**Second Dose Administration:**  
If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

