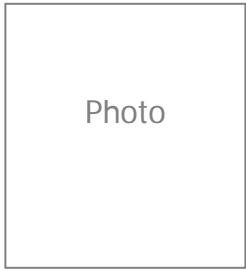


# Anaphylaxis Action Plan

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)



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIC to: \_\_\_\_\_

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

#### EPINEPHRINE 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



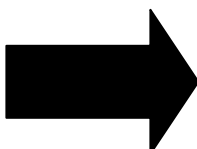
1. **INJECT EPINEPHRINE IMMEDIATELY**  
2. Call 911  
3. Begin monitoring (as specified below)  
4. Give additional medications: \*

- 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)

**For unique situations:** \_\_\_\_\_

### 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: \_\_\_\_\_

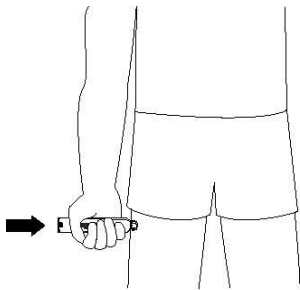
Parent/Guardian Signature: \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## EPIPEN® Auto-Injector and EPIPEN Jr® Auto-Injector Directions

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

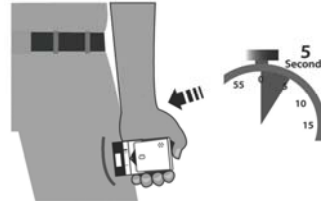
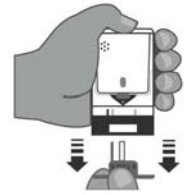


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP.

## 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.

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

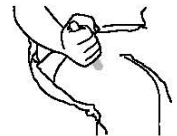
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## Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



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.



**ADRENACLICK®**  
(epinephrine injection, USP) auto-injector  
Available as 0.15 mg 0.3 mg

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: \_\_\_\_\_

Children's ★ Physician  
★ ★ Network ★ ★

An affiliate of Children's Hospitals and Clinics of Minnesota

www.clinics4kids.org

Adapted from the Food Allergy & Anaphylaxis Network (FAAN) Action Plan  
www.foodallergy.org