Food Allergy/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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Name:	DOB:	
ALLERGIC to:		
Patient has Asthma: Yes (more at risk for severe reaction)	<i>on)</i> □ No	
May self-carry medications: \square Yes \square No	May self administer medications: \square Yes \square No	
EPINEPHRINE (Injection) Dose: EPINEPHRINE Dose: Up to 55 lbs. (25 kg) □ EpiPen Jr. (0.15 mg) □ Adrenaclick (0.15 mg) □ Other	*Antihistamine (Oral) 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:	
Special Circumstances: This patient is highly reactive to: GIVE EPINEPHRINE if checked: If the food was definitely eaten, even if no symptoms If the food was likely eaten and any symptoms	TREATMENT: 1. INJECT EPINEPHRINE IMMEDIATELY 2. Call 911, tell rescue squad time EPINEPHRINE was given 3. Consider giving additional medication • Antihistamine	15*
ANY SEVERE SYMPTOMS after suspected or known ingestion: Lung: Shortness of breath, wheezing, coughing Heart: Pale, blue, faint, weak pulse, dizzy, confused Throat: Tightness, hoarse voice, trouble breathing/swallowing Mouth: Significant swelling (tongue and/or lips) Skin: Redness/many hives over body Gut: Repetitive vomiting, severe diarrhea	 Inhaler (bronchodilator) if asthma Lay the person flat, raise legs and keywarm. If breathing difficult or vomitile let them sit up or lay on their side. Give 2nd dose of EPINEPHRINE about minutes after 1st dose if symptoms do improve or symptoms return Stay with person; alert emergency contacts, parents/guardian Transport to Emergency Dept is recommended for further monitoring 	ng, : 5 o not
ANY combination of milder symptoms from different body areas even without known ingestion (example: hives and vomiting)	*Antihistamines & inhalers/bronchodilators are to be depended upon to treat severe reaction (anaphylaxis). USE EPINEPHRINE.	not
One MILD SYMPTOM from a single body area: Face: Sneezing, runny/itchy nose, itchy mouth Skin: A few hives around mouth/face, mild itch Gut: Mild nausea, stomach upset	1. GIVE ANTIHISTAMINE 2. Stay with person; alert parent/guardia 3. Watch closely, if symptoms worsen G EPINEPHRINE (see box above) *DO NOT rely on antihistamines or inhalers to take the second severe reaction	IVE
For unique situations:		
Medical Provider Signature:		<u>-</u> _
Medical Provider Clinic:	Phone Date	_
Parent/Guardian Signature:		=
Other Emergency Contact Name/Phone:	Phone Date	_

Page 1: Patient

Page 2: School/Daycare/Work

Page 3: Chart

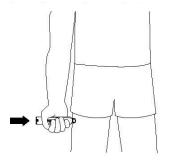


EPIPEN® Auto-Injector and EPIPEN Jr® Auto-Injector Directions

 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, while holding thigh firmly to not allow movement. Hold on thigh for approximately 3 seconds.

Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



 $\label{eq:power_power} \begin{tabular}{ll} EpiPen \$, EpiPen 2-Pak \$, and EpiPen Jr 2-Pak \$, are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP. \end{tabular}$

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



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

Place RED rounded tip against outer thigh, while holding thigh firmly to not allow movement. Press down hard until needle penetrates. Hold for 10 seconds, then remove.





Do not administer epinephrine to other areas of the body. Seek medical care if skin changes occur after injection.

A Food Allergy/Anaphylaxis 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/Anaphylaxis Action Plan.

The kit supplied by parent or guardian must accompany the student if he/she is off school grounds (e.g., field trip).

Contacts		
Parent/Guardian:	Phone:	/
Parent/Guardian:		/
Other Emergency Contacts		
Name/Relationship:	Phone:	1
Name/Relationship:		/

