Medication Orders and 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 Diseases, 2013)

Name/DOB: ____________

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. (25kg) □ Epipen Jr. (0.15mg)
Over 55 lbs. (25kg) □ Epipen (0.3mg)
□ Adrenaclick (0.3mg)
□ Auvi-Q (0.15mg)
□ Adrenaclick (0.3mg)
□ Auvi-Q (0.3mg)

*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: ____________________________

Exremely 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, repetitve cough
Heart: Pale, blue, faint, weak pulse, dizzy, confused
Throat: Tight, hoarse, trouble breathing/swallowing
Mouth: Obstructive swelling (tongue and/or lips)
Skin: Hives, itchy rash, swelling (eyes, lips)
Other: Anxiety, confusion, feeling something bad is about to happen

Or combination of symptoms from different body areas:
Skin: Hives, itchy rash, swelling (eyes, lips)
Gut: Vomiting, crampy pain

MILD SYMPTOMS only:

Mouth: Itchy mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort

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

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. Send used epinephrine injector with EMS. See back/attached for auto-injection technique.

Provider Signature: ____________________________
Printed Name: ____________________________
Phone: ____________________________ Date: ____________________________

Parent/Guardian Signature: ____________________________
Printed Name: ____________________________
Phone: ____________________________ Date: ____________________________

Turn Form Over→

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

Children's Health Network
An affiliated Children's Hospitals and Clinics of Minnesota
www.clinics4kids.org
www.foodallergy.org
**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.

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**Auvi-Q® 0.3 mg and Auvi-Q® 0.15 mg Directions**

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

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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.

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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., fieldtrip).

**Contacts**

Call 911 (Rescue squad: )

Doctor: Phone:

Parent/Guardian: Phone:

**Other Emergency Contacts**

Name/Relationship: Phone:

Name/Relationship: Phone:

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www.foodallergy.org

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