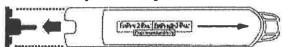
Severe Allergy Action Plan • Emergency Care Plan Photo of Student ID# _____ Grade ____ Student Date of birth Weight _____lbs. Asthma: \square Yes (higher risk for a severe reaction) \square No Extremely reactive to the following foods: ___ **Therefore:** If checked, give epinephrine immediately for any symptoms if the allergen was likely eaten. \Box If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted. Any severe symptoms after suspected or known exposure: 1. Inject Epinephrine Immediately One or more of the following: 2. Call 911 Lung: Short of breath, wheeze, repetitive cough 3. Begin monitoring (see box below) Heart: Pale, blue, faint, weak pulse, dizzy, confused 4. Give additional medications:* Antihistamine Throat: Tight, hoarse, trouble breathing/swallowing • Inhaler (bronchodilator) if asthma Mouth: Obstructive swelling (tongue and/or lips) * Antihistamines & inhalers/bronchodilators are not Skin: Many hives over body to be depended upon to treat a severe reaction Or combination of symptoms from different body areas: (anaphylaxis). Use Epinephrine. Skin: Hives, itchy rashes, swelling (e.g., eyes, lips) Gut: Vomiting, diarrhea, crampy pain Mild symptoms only: 1. Give Antihistamine Mouth: Itchy mouth 2. Stay with student; alert healthcare professionals and parent Skin: A few hives around mouth/face, mild itch 3. If symptoms progress (see above), use Epinephrine Gut: Mild nausea/discomfort 4. Begin monitoring (see box below) Medications/Doses Epinephrine (brand and dose): Antihistamine (brand and dose): Other (e.g., inhaler-bronchodilator if asthmatic): Wentenno This student has been instructed and Say with student all the althouse professionals and parent tell receive Take good hardeast midling of the diagonal limited and the modern of the limited and the modern of the limited for the limited for the limited and the limited for the limited and the limited for the limited sciulid agricophar i e w reg. Vir. paginositar il da Lindewari elomophismo Marenimo. White gomeophismo was actaria su rod. A agenti d'osa el apinophismo cur bi protes. tive (5) arbitus or more alterribe install symptoms, propar footenables were on Title en sent i se béer franchen and faa expante brache i Glerne This neologiegier icaciinnin erandu, kiespiripaliiduddinyry om back with Cys Biolog, biddislandson. Cysh Typhicille on 100 Buraid od Suchaek, 155 Beddor aufolingigior godhiogig. in the event of the alleger country Parent/Guardian signature Date School nurse Physician/Healthcare provider signature Date Date 6/6/13

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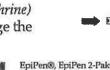
EpiPen® (epinephrine) Auto-Injector

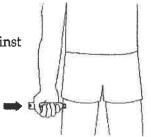
Directions

- First, remove the EpiPen® (epinephrine) 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 EpiPen® (epinephrine)
 Auto-Injector and massage the area for 10 more seconds.





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

Auvi-QTM (epinephrine injection, USP)

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 five (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.



Contacts Dances Ann Doctor's name Doctor's phone number Parent/Guardian cov Parent's/Guardian's name Parent's/Guardian's phone number Parent's/Guardian's name Parent's/Guardian's phone number Name of contact Relationship to student Contact's phone number Name of contact Relationship to student Contact's phone number Name of contact Relationship to student

Contact's phone number