

Physician Orders/Individualized Health Care Plan/Emergency Action Plan

Name: _____ DOB: _____ Weight: _____
Allergy To: _____

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Symptoms:

- Mouth: itching & swelling of the lips, tongue or mouth
- Throat: itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- Skin: hives, itchy rash, swelling of the face or extremities
- Gut: nausea, abdominal cramps, vomiting, diarrhea
- Lung: shortness of breath, coughing, wheezing
- Heart: weak or thread pulse, low blood pressure, pale, fainting

Severity of symptoms change quickly, all above can progress to a life-threatening situation

ACTION:

1. Give Epinephrine: inject intramuscularly (circle one):

Epipen 0.3mg Epipen Jr. 0.15mg Auvi-Q 0.3mg Auvi-Q 0.15mg other: _____

2. Antihistamine: give _____

3. CALL RESCUE 911

4. CALL EMERGENCY CONTACT: mother: _____

Father: _____ other: _____

- **It is the parent's responsibility to notify the bus company of any life-threatening allergy that your child has.**

Please check if any of the following are needed:

_____ My child REQUIRES a NUT FREE table for meals

_____ My child DOES NOT require a NUT FREE table for meals

In the absence of a School Nurse Teacher, Epinephrine will be administered immediately by a trained staff person in the event that there is ANY suspicion of exposure to the allergen.

Signing this form gives the School Nurse Teacher permission to share this information with applicable staff for health and safety of the above named student.

Physician signature: _____ date: _____

Parent signature: _____ date: _____

School Nurse Teacher: _____ date: _____

Signs and Symptoms of and Allergic Reaction Include:

System:

Mouth
Throat*
Skin
Gut
Lung*
Heart*

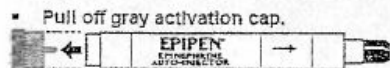
Symptoms:

Itching and swelling of lips, tongue or mouth.
Itching and/or sense of tightness in the throat, hoarseness and hacking cough.
Hives, itchy rash and/or swelling about the face or extremities.
Nausea, abdominal cramps, vomiting and/or diarrhea.
Shortness of breath, repetitive coughing and/or wheezing.
“Thready” pulse, “passing out”

The severity of any of these symptoms can change very quickly.

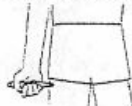
***These symptoms can potentially progress to a life-threatening situation.**

EpiPen® and EpiPen® Jr. Directions



- Pull off gray activation cap.

- Hold black tip near outer thigh (always apply to thigh).



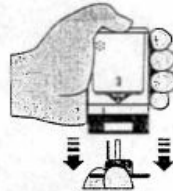
- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

How to use Auvi-Q™ (epinephrine injection, USP)

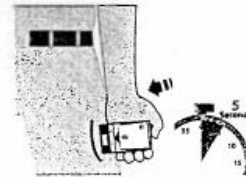
In case of an anaphylactic reaction:

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

- ➔ Pull off the RED safety guard



- ➔ Place black end against outer thigh, then press firmly and hold for 5 seconds.



After using Auvi-Q, seek emergency medical attention immediately.

Note: Auvi-Q may be used without waiting for the voice instructions. Once the injection countdown has begun, however, do not remove Auvi-Q from the thigh until the voice prompt says, “injection complete.”

The EPI-PEN and AUVI-Q work in seconds and are short acting. After using them, 911 must be called and the student must be transported to the hospital by rescue.

Possible side effects of the EPI-PEN and AUVI-Q are:

Racing Heartbeat, Pallor, Sweating, Tremors, Headache, Nervousness