Anaphylaxis Action Plan School Year:

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X	No medication available. For all symptoms - Call 911															
	Student self-carries emergency medication						n		Type/Loc	ocation:						
											00.405.0070					
School: St. Vincent de Paul Address: 9050 93rd Ave. N. Brooklyn Park, MN 55445 Phone: 763-425-3970												b3-425-3970 				
Student's Name:							DOB:			Grade: Rm:			Teacher:			
Student's Address:																
Par	Parent / Guardian:										Phone:					
Parent / Guardian:							Cell:			Phone:						
Trea	ating Ph	ysici	an:			(x)		Phone:								
Allo	ray to:	T	For													
Allergy to: Food:															**************************************	
Insects (Specify): Other (Specify):																
Hist	History of Asthma: Yes* No						History of Ana			aphylaxis: Yes *					No	
*More at risk for severe reaction										L.,						
Brie	Brief description of past allergic reaction:															
Med	ication	. Dos	ses.							ā	***************************************				4-11	
Med	Medication Doses: Benadryl (Diphenhydramine)															
EpiPen Jr. (0.15 mg)					EpiPen (0.3 mg)			Albuterol Inhaler								
Adrenaclick (0.15 mg)					Adrenaclick (0.3 mg)											
Twinject (0.15 mg)					Т	Twinject (0.3 mg)										
Auvi-Q (0.15 mg) Au					uvi-Q (0.3 mg)											
	This student has a second dose available: No Yes															
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Gr.

Year:

SEVERE SYMPTOMS

For **ANY** of the following:

- LUNG: Shortness of breath, wheezing, repetitive cough
- HEART: Pale or bluish skin, faintness, weak pulse, dizziness
- THROAT: Tight or hoarse throat, trouble breathing or swallowing
- MOUTH: Significant swelling of the tongue or lips
- SKIN: Many hives over body, widespread redness
- GUT: Repetitive vomiting, severe diarrhea
- OTHER: Feeling something bad is about to happen, anxiety, confusion







INJECT EPINEPHRINE IMMEDIATELY Call 911

MILD SYMPTOMS

NOSE: Itchy or runny nose, sneezing

MOUTH: Itchy mouth

• SKIN: A few hives, mild itch

GUT: Mild nausea or discomfort

MILD SYMPTOMS from a single body area:

- 1. Give Antihistamines (if available)
- 2. Monitor the student; call emergency contact.
- 3. Watch closely for changes.
- 4. If symptoms progress

INJECT EPINEPHRINE IMMEDIATELY

MILD SYMPTOMS from MORE than one body area:

INJECT EPINEPHRINE IMMEDIATELY

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

- 1. Hold the child's leg firmly in place and limit movement prior to and during injection
- 2. INJECT EPINEPHRINE: Hold in place for 3 seconds; massage site for 10 seconds.
- 3. CALL 911 Alert them Student is having a life-threatening allergic reaction.
- 4. Begin monitoring (see below)
- 5. Give additional medications if available:
 - Benadryl (Diphenhydramine)
 - Inhaler if student has asthma

Monitoring:

- Stay with student; contact parent/guardian
- Note time the epinephrine was given, give the epinephrine pen to the rescue squad
- Student may lay down with feet up or sit in a chair

Cor	mments:							
Em	nergency Plan and Medication should accompany	/ stud	dent on all fie	ld trips				
Nu	rse Signature						Date	
Par	rent/ Guardian Signature						Date	
Phy	/sician/Healthcare Provider						Date	
			ď					
	504 rights and brochure given to Parent/Guard	Date:		or	IEP – Spe	ecial Ed	Initials:	

Emergency Epinephrine Administration Guidelines

- Only inject medication into the middle of the outer thigh at a 90-degree angle.
- DO NOT INJECT into any other part of the body.



