

ACTION PLAN FOR ANAPHYLAXIS

Patient's Name		Date of Birth	Expiration Date for Action Plan
Health Care Provider		Provider's Phone Number	
Responsible Person (i.e. parent/guardian)		Phone Number	
Emergency Contacts	Home Telephone Number	Work Number	Cellular Number
1.			
2.			
Patient's known severe allergies:			

WATCH FOR SIGNS AND SYMPTOMS OF ANAPHYLAXIS

Medication:

To prevent anaphylaxis shock administer a one time injection in thigh or specify other location

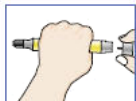
- EpiPen Jr. (0.15 mg)
- EpiPen (0.3 mg)
- Other _____

Only a few signs and symptoms may be present. Severity of symptoms can change quickly. Some symptoms can be life threatening:

- **Rash (especially hives) with redness and swelling especially on face, lips and tongue**
- **Shortness of breath, cough, wheeze**
- **Difficulty talking and/or hoarse voice**
- **Abdominal pain, vomiting, diarrhea**
- **Loss of consciousness**

ACT QUICKLY !!!!!

How to give EpiPen® or EpiPen® Jr (can be administered through clothing)



1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

- 1. Stay with the child and have someone call 911.**
- 2. Locate EpiPen (epinephrine).**
- 3. Oversee or assist child in injecting the epinephrine in thigh using medication listed above.**
- 4. Contact responsible person or other emergency contacts listed above.**

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN AND YOUTH:

Healthcare Providers Initials

_____ This student was trained and is capable to self-administer with the auto injectable epinephrine pen

_____ This student is not approved to self-medicate

This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Permission to Reproduce Blank Form

Health Care Provider's Signature

Date

As the Responsible Person, I hereby authorize a trained school employee to administer medication to the student

As the Responsible Person, I hereby authorize this student to possess and self-administer medication.

I hereby acknowledge that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct



Responsible Person's Signature

Date

ACTION PLAN FOR ANAPHYLAXIS

Patient's Name		Date of Birth	Expiration Date for Action Plan
Health Care Provider		Provider's Phone Number	
Responsible Person (i.e. parent/guardian)		Phone Number	
Emergency Contacts	Home Telephone Number	Work Number	Cellular Number
1.			
2.			
Patient's known severe allergies:			

WATCH FOR SIGNS AND SYMPTOMS OF ANAPHYLAXIS

Medication:

To prevent anaphylaxis shock administer a one time injection in thigh or specify other location

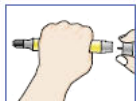
- EpiPen Jr. (0.15 mg)
- EpiPen (0.3 mg)
- Other _____

Only a few signs and symptoms may be present. Severity of symptoms can change quickly. Some symptoms can be life threatening:

- **Rash (especially hives) with redness and swelling especially on face, lips and tongue**
- **Shortness of breath, cough, wheeze**
- **Difficulty talking and/or hoarse voice**
- **Abdominal pain, vomiting, diarrhea**
- **Loss of consciousness**

ACT QUICKLY!!!!

How to give EpiPen® or EpiPen® Jr (can be administered through clothing)



1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

- 1. Stay with the child and have someone call 911.**
- 2. Locate EpiPen (epinephrine).**
- 3. Oversee or assist child in injecting the epinephrine in thigh using medication listed above.**
- 4. Contact responsible person or other emergency contacts listed above.**

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN AND YOUTH:

Healthcare Providers Initials

_____ This student was trained and is capable to self-administer with the auto injectable epinephrine pen

_____ This student is not approved to self-medicate

This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Permission to Reproduce Blank Form

Health Care Provider's Signature

Date

As the Responsible Person, I hereby authorize a trained school employee to administer medication to the student

As the Responsible Person, I hereby authorize this student to possess and self-administer medication.

I hereby acknowledge that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct



Responsible Person's Signature

Date

ACTION PLAN FOR ANAPHYLAXIS

Patient's Name		Date of Birth	Expiration Date for Action Plan
Health Care Provider		Provider's Phone Number	
Responsible Person (i.e. parent/guardian)		Phone Number	
Emergency Contacts	Home Telephone Number	Work Number	Cellular Number
1.			
2.			
Patient's known severe allergies:			

WATCH FOR SIGNS AND SYMPTOMS OF ANAPHYLAXIS

Medication:

To prevent anaphylaxis shock administer a one time injection in thigh or specify other location

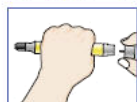
- EpiPen Jr. (0.15 mg)
- EpiPen (0.3 mg)
- Other _____

Only a few signs and symptoms may be present. Severity of symptoms can change quickly. Some symptoms can be life threatening:

- **Rash (especially hives) with redness and swelling especially on face, lips and tongue**
- **Shortness of breath, cough, wheeze**
- **Difficulty talking and/or hoarse voice**
- **Abdominal pain, vomiting, diarrhea**
- **Loss of consciousness**

ACT QUICKLY !!!!!

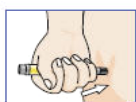
How to give EpiPen® or EpiPen® Jr (can be administered through clothing)



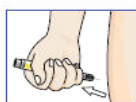
1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

- 1. Stay with the child and have someone call 911.**
- 2. Locate EpiPen (epinephrine).**
- 3. Oversee or assist child in injecting the epinephrine in thigh using medication listed above.**
- 4. Contact responsible person or other emergency contacts listed above.**

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN AND YOUTH:

Healthcare Providers Initials

_____ This student was trained and is capable to self-administer with the auto injectable epinephrine pen

_____ This student is not approved to self-medicate

Health Care Provider's Signature

Date

- As the Responsible Person, I hereby authorize a trained school employee to administer medication to the student
- As the Responsible Person, I hereby authorize this student to possess and self-administer medication.

I hereby acknowledge that the District, the school, its employees and agents shall be immune from civil liability for act or omissions under D.C. Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct

Responsible Person's Signature

Date

This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Permission to Reproduce Blank Form

