

Hypersensitivity/Epi-Pen Plan of Care

Student: _____ School Year: 20____-20____ School: _____ Grade: _____

DOB: _____ Pediatrician: _____ Allergy Physician (if different): _____

Allergy to:	Describe reaction & symptoms:	Does the student have Asthma?

**Children with asthma have a higher risk of severe reaction

Has Student Also Been Prescribed:	If Yes, Name & Dosage of Medication:
Epi-pen	
Antihistamine	
Asthma inhaler	
Other	

Sign/Symptoms of Allergic Reaction include:

Systems:	Symptoms:
Mouth	Itching, Tingling Sensation in the Mouth, Swelling of the Lips, Tongue, Mouth
*Throat	Itching &/or sense of Tightness in the Throat, Hoarseness, Hacking Cough, Nasal Congestion
Skin	Hives, Rash, sense of Feeling itchy, Flushing &/or Swelling about the Face or Extremities, Bluish Skin Color
Stomach	Nausea/Vomiting and/or Abdominal Cramps, Diarrhea
*Lungs	Tightness in Chest, Shortness of Breath, Repetitive Coughing &/or Wheezing, Shallow Respirations
*Heart	Chest Pain, Drop in Blood Pressure, Weak or Thready Pulse
Mood	Irritable, Anxious, Restless, Feeling of Apprehension, Loss of Consciousness, Weakness or Dizziness, Seizure

Severity of symptoms can change quickly.
All symptoms can potentially progress to a life-threatening situation!

Procedure Steps:

DO NOT hesitate to administer medication or call EMS (911)

- Administer Emergency Medication
- Call EMS (911)
- Reassure/calm student
- Encourage student to assume position of comfort
- Encourage slow, even breaths
- Monitor respiratory status & administer Rescue Breathing or CPR if needed
- Notify parent/guardian

Other Notes:

It is the responsibility of the parent/guardian to provide any needed medications or supplies to the school.

Program Plan of Care reviewed and approved by:

Emergency Contact	Phone#
Name:	H:
Relationship:	C:
Name:	W:
Relationship:	H:
Name:	C:
Relationship:	W:

Parent/Guardian Reviewed/Updated Plan of Care		
School Yr	Grade	Signature
2016-17		
2017-18		
2018-19		
2019-20		
2020-21		
2021-22		
2022-23		
2023-24		
2024-25		
2025-26		
2026-27		
2027-28		

Parent/Guardian Signature Date

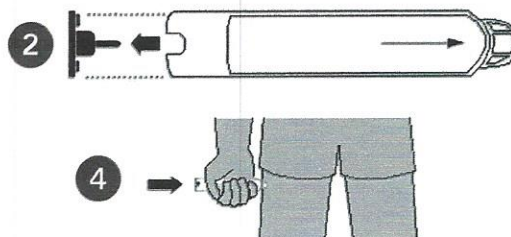
School RN Signature Date

Principal Signature Date

Physician Signature Date

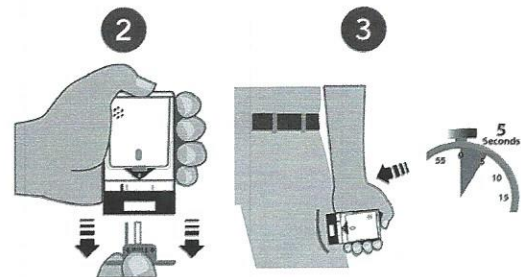
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) 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 mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____
 PHONE: _____
 NAME/RELATIONSHIP: _____
 PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE