Anaphylaxis Medication Authorization and Plan

For those requiring emergency EPINEPHRINE treatment

"Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death."

(National Institute of Allergy & Infectious Disease, 2010)

Name:_____ DOB: _____

Primary Dx:_____ ICD-10: _____

ALLERGIC to: _____

History of Asthma: ☐ Yes (more at risk for severe reaction) ☐ No

May self-carry medications: ☐ Yes ☐ No

May self administer medications: ☐ Yes ☐ No

Medication Doses

EPINEPHRINE Dose:

Up to 55 lbs. (25 kg)
- ___EpiPen Jr. (0.15 mg)
- ___Adrenaclick (0.15 mg)
- ___Twinject (0.15 mg)

Over 55 lbs. (25 kg)
- ___EpiPen (0.3 mg)
- ___Adrenaclick (0.3 mg)
- ___Twinject (0.3 mg)

***Antihistamine Type + Dose:**
- ___Benadryl (also known as Diphenhydramine)
- ___12.5 mg (1 teaspoon or 1 chewable)
- ___25 mg (2 teaspoons or 2 chewables)
- ___50 mg (4 teaspoons or 4 chewables)
- Other antihistamine: _____

Extremely reactive to the following: _____

THEREFORE:

❑ If checked, give EPINEPHRINE immediately for ANY symptoms if the allergen was likely exposed to.

❑ If checked, give EPINEPHRINE immediately if the allergen was definitely exposed to, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:
- Lung: Short of breath, wheeze, repetitive cough
- Heart: Pale, blue, faint, weak pulse, dizzy, confused
- Throat: Tight, hoarse, trouble breathing/swallowing
- Mouth: Obstructive swelling (tongue and/or lips)
- Skin: Many hives over body

Or **combination** of symptoms from different body areas:
- Skin: Hives, itchy rashes, swelling (eyes, lips)
- Gut: Vomiting, crampy pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (as specified below)
4. Give additional medications:*
   - Antihistamine
   - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS only:

- Mouth: Itchy Mouth
- Skin: A few hives around mouth/face, mild itch
- Gut: Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent/guardian
3. If symptoms progress (see above) USE EPINEPHRINE
4. Begin monitoring (as specified below)

For unique situations:_____

_____

Monitoring

❑ If checked, a **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

Stay with person AND alert 911 and parent/guardian. Tell 911 rescue squad EPINEPHRINE was given. Note time when EPINEPHRINE was administered. For a severe reaction, consider keeping person lying on back with legs raised. Treat person even if parents cannot be reached. See back or attached for auto-injection technique.

Provider Signature: _____ _____ Phone _____ Date

Printed Name: _____

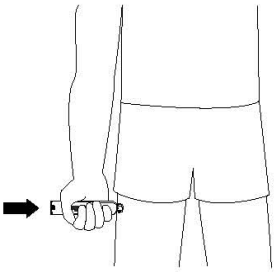
Parent/Guardian Signature:_____ _____ Phone _____ Date

EpiPen®Auto-Injector and EpiPen Jr®Auto-Injector Directions

- **First, remove the EpiPen 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 the EpiPen Auto-Injector and massage the area for 10 more seconds.**

EpiPen 2-Pak® | EpiPen Jr 2-Pak®
(Epinephrine) Auto-Injectors 0.3/0.15mg

An allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

See emergency contact form (attached).

Building Health Office Phone: _____

For office use only:
LSN Signature _____ Date _____
Name of Staff Routing _____ Date _____
Please check off who was routed this form: ___Student File ___IEP Manager ____ 917 LSN ___ Building Nurse ____Bus