ANAPHYLAXIS ACTION PLAN

Please be mindful that this form expires after one year.

Patient Name (Last, First, Middle)	Date of Birth	Expiration Date of Action Plan
Patient Weight:	History of Asthma: Y/N	Grade
Patient's known severe allergies:		
❑ If checked, give epinephrine immediately if the allergen was LIKELY eaten/inhaled/touched, for ANY symptoms.	❑ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten/inhales/touched, even if no symptoms are apparent.	
Medication: ❑ Epi Pen Jr. (0.25mg) ❑ Epi Pen (0.3 mg) ❑ Other:_____	Injection area: ❑ Thigh ❑ Other: _____	

TO PREVENT ANAPHYLAXIS, ADMINISTER ONE INJECTION THEN CALL 911

Symptoms generally subside immediately after the first dose. If symptoms do not subside after 4-6 minutes, or if symptoms subside and then return, administer a second dose

Health Care Provider	Provider's Phone Number
Parent/Guardian Name	Parent/Guardian Phone Number

Emergency Contacts	Home Number	Work Number	Cellular Number
1.			
2.			
3.			

WATCH FOR THE FOLLOWING:

NOSE	MOUTH	SKIN	GUT
Itchy/runny nose, sneezing	Itchy mouth	A few hives, mild itch	Mild nausea/ discomfort

Follow these 4 simple steps to give the EpiPen® auto-injector from the carrier tube:

Step 1.
Remove from carrier tube.

Step 2.
Remove blue safety cap by pulling straight up.

Step 3.
Swing auto-injector into the thigh so orange tip meets the thigh and a loud click is heard.

Step 4.
Hold auto-injector firmly in place for 10 seconds. Remove the auto-injector and massage the injection

As a Parent/Guardian:

1. Administer EpiPen® or EpiPen® Jr. through the clothing if necessary, call 911, stay with the child and observe whether symptoms subside.
2. If symptoms do not subside in 4-6 minutes or if they subside and return administer a second epipen.
3. Call 911
4. Call emergency contacts listed above
5. Give the student's used auto-injector(s) to emergency responders upon their arrival.

As a School Staff:

1. Administer EpiPen® or EpiPen® Jr. through clothes, if necessary.
2. Stay with child and watch for changes
3. Call 911
4. Call emergency contacts listed above

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

- **Trouble breathing, wheezing**
- **Hoarse voice, difficulty talking**
- **Hives/rash on skin with redness and itching**
- **Swelling of face, lips, mouth, tongue**
- **Dizziness, fainting, unconsciousness**
- **Stomach pain, vomiting, diarrhea**
- **Fast heartbeat**

Additional Points to Follow:

- Contact Health Suite Personnel with updated information about known allergies in the event new allergies are discovered
- Administer additional medications following epinephrine: such as an antihistamine, if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return
- Immediately contact primary care provider for next steps
- Replace used Epi-Pens and submit applicable school forms (i.e., medication and treatment forms etc.)

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MURIEL BOWSER, MAYOR

ANAPHYLAXIS ACTION PLAN

Points to consider to primary care provider:

- Administer additional medications following epinephrine: such as an antihistamine if wheezing.
- Lay the student flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- Ensure emergency responders transport student to emergency room, even if symptoms resolve. Student should remain in ER for at least 4 hours because symptoms may return.
- If undersigned epinephrine auto-injector was administered, follow protocols to contact the Office of State Superintendent of education for re-placement.
- Contact Health suite personnel with updated information about allergies, should require submission of a NEW action plan by provider- DC Health

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER:

Healthcare Providers Initials

❑ _____ This student was trained and is capable of self-administering with the epinephrine auto-injector.
Where is the Epi-Pen located? _____ (self-carry student, in nurse suite or _____other)

❑ _____ This student is allowed to administer the epinephrine auto-injector.

❑ _____ This student is not approved to self-medicate.

_____ _____

Health Care Provider's signature Date

❑ As the Parent/Guardian, I hereby authorize a trained school employee to administer medication to the student.

❑ As the Parent/Guardian, 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

_____ _____

Parent/Guardian's signature Date