

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name:	•	Research & Education		D.O.D.		M : 11			
Asthma: Yes (higher risk for severe reaction) No NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE Extremely reactive to following allergen(s): THEREFORE: If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent. FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS FOR ANOUTH Follow or blush For mild itch A few hives, mild itch nausea or runny nose, senezing FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE. FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE. FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE. FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW: 1. Antihistamines may be given, if ordered by a healthcare provider. 2. Stay with the person; alert emergency contacts. 3. Watch closely for changes. If symptoms worsen, give epinephrine. MEDICATIONS/DOSES Epinephrine Brand or Generic: Antihistamine Brand or Generic: Epinephrine Brand or Generic: Antihistamine Dose: Other: (e.g. inhaler,-bronchodilator if wheezing): The symptoms do not improve, or symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return. Prescribing Practitioner Signature: Date: Prescribing Practitioner Signature: Date: Prescribing Practitioner Signature: Date: Prescribing Practitioner Signature: Date:						weignt:	IDS.		
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Prescribing Practitioner Signature:Date:	remain in ER for at least 4 hours because symptoms may return.								

MEDICATION AND EMERGENCY PLAN CONSENT: I hereby give permission for school personnel to share this information, follow the care, and administer the medication as outlined in this plan during the school day and during any school sponsored activity of which school personnel are responsible for my child's supervision. I also hereby agree to give my permission for school personnel to contact the child's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I assume full responsibility for providing the school with the medication described in this plan. I further agree to hold the Hortonville Area School District, and the HASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

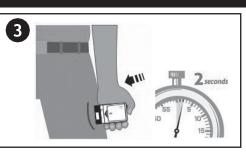
Date:



FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

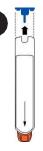
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

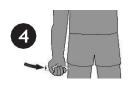
- 1. Remove Auvi-Q from the outer case.
- 2. Pull off red safety guard.
- 3. Place black end of Auvi-Q against the middle of the outer thigh.
- 4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
- 5. Call 911 and get emergency medical help right away.



HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

- 1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
- 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
- 3. With your other hand, remove the blue safety release by pulling straight up.
- 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
- 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 6. Remove and massage the injection area for 10 seconds.
- 7. Call 911 and get emergency medical help right away.





HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAXLABORATORIES

- 1. Remove epinephrine auto-injector from its protective carrying case.
- 2. Pull off both blue end caps: you will now see a red tip.
- 3. Grasp the auto-injector in your fist with the red tip pointing downward.
- 4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
- 5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- 6. Remove and massage the area for 10 seconds.
- 7. Call 911 and get emergency medical help right away.

5 Push 10 sec

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

- 1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- 2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- 3. Epinephrine can be injected through clothing if needed.
- 4. Call 911 immediately after injection.

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

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — C	ALL 911	OTHER EMERGENCY CONTACTS		
RESCUE SQUAD:		NAME/RELATIONSHIP:		
DOCTOR:	PHONE:	PHONE:		
PARENT/GUARDIAN:	PHONE:	NAME/RELATIONSHIP:		
		PHONE:		