

Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication**:

(To be determined by physician authorizing treatment)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrin may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

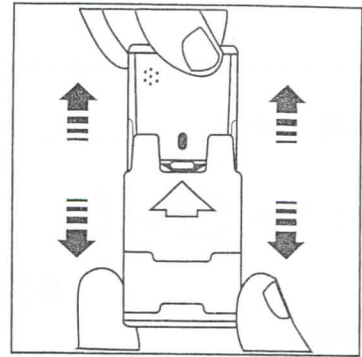
Doctor's Signature _____ (Required) Date _____

INSTRUCTIONS FOR USE

How to use Auvi-Q™

1. Pull Auvi-Q™ from the outer case

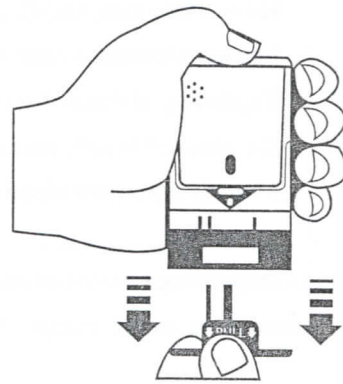
Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.



2. Pull off Red safety guard

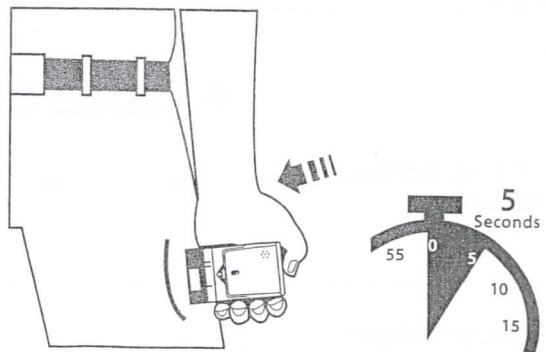
To avoid an accidental injection, never touch the black base of the auto-injector. If an accidental injection does occur, seek medical help immediately.

NOTE: The safety guard is meant to be tight. Pull firmly to remove.



3. Place black end against the middle of the outer thigh (through clothing, if necessary), then press firmly and hold in place for 5 seconds. Each device is a single-use injection.

Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location. Note: Auvi-Q™ makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q™ is working correctly. Do not pull Auvi-Q™ away from your leg when you hear the click and hiss sound.



4. Seek medical attention immediately

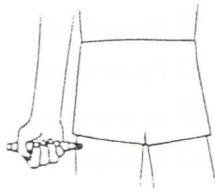
Replace the outer case and take your used Auvi-Q™ with you to a healthcare professional for proper disposal and a prescription refill.

EpiPen® and EpiPen® Jr. Directions

▪ Pull off gray activation cap.



▪ Hold black tip near outer thigh (always apply to thigh).



▪ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.