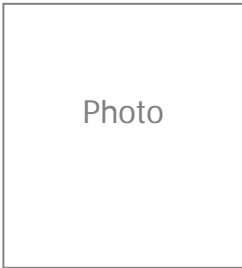# Anaphylaxis Action Plan

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)

Photo

Name: _____ DOB: _____

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)	**Over 55 lbs.** (25 kg)
☐ EpiPen Jr. (0.15 mg)	☐ EpiPen (0.3 mg)
☐ Adrenaclick (0.15 mg)	☐ Adrenaclick (0.3 mg)
☐ Twinject (0.15 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 foods: _____
THEREFORE:
☐ If checked, give EPINEPHRINE immediately for ANY symptoms if the allergen was *likely* eaten.
☐ If checked, give EPINEPHRINE immediately if the allergen was *definitely* eaten, 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

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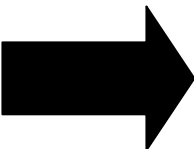
1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (as specified below)
4. Give additional medications:*
   • Antihistamine
   • Inhaler (bronchodilator) if asthma

*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

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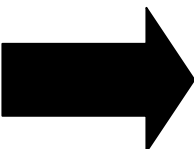
1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent/guardian
3. If symptoms progress (see above) USE EPINEPHRINE
4. Begin monitoring (as specified below)

For unique situations: _____

Monitoring

A **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

Stay with person; alert healthcare professionals and parent/guardian. Tell 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/attached for auto-injection technique.

Provider Signature: _____   _____   _____
   Phone   Date

Printed Name: _____

Parent/Guardian Signature: _____   _____   _____
                                                                                   Phone   Date

Children's ✱ Physician
✱ ✱ Network ✱ ✱
An affiliate of Children's Hospitals and Clinics of Minnesota
www.clinics4kids.org

Turn Form Over →
Adapted from the Food Allergy &
Anaphylaxis Network (FAAN) Action Plan
www.foodallergy.org

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)**
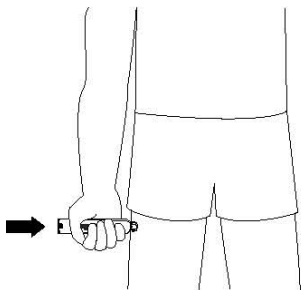
- **Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.**
  Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

EPIPEN 2-PAK® | EPIPEN Jr 2-PAK®
(Epinephrine) Auto-Injectors 0.3/0.15mg

DEY® and the DEY logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

Remove caps labeled "1" and "2".

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.
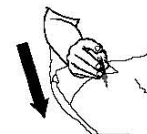
SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding collar at needle base.

Slide yellow collar off plunger.

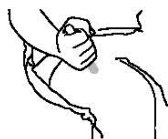**Put needle into thigh through skin, push plunger down all the way and remove.**

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions

Remove GREY caps labeled "1" and "2".

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food 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 Food Allergy Action Plan.

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

Contacts

Call 911 (Rescue squad: _____) Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts
Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____