

## Student Health Services 1130 Fifth Avenue, Chula Vista CA 91911 (619) 585-6020 • (619) 427-3819 FAX

## Treatment Plan for Anaphylaxis Emergency

tudent's Name: Date of Birth:					
LERGY TO:					
eight:	lbs.	Asthma: No	☐ Yes (Higher risk fo	r severe reaction	
Extremely reactive to the	following foods:				
THEREFORE:	_				
If checked, give epiner		r ANY symptoms if the allergen wa the allergen was <i>definitely</i> eaten, ev		ed.	
		► STEP 1: TREATMENT ◀			
	ymptoms from diffe	Give checked medication as indicated by physician authorizing treatment			
If a food allergen has b			Epinephi		
	gling, or swelling of I		Epinephr		
	y rash, swelling of the		Epinephr		
	dominal cramps, vom		Epinephr		
	of throat, hoarseness		Epinephi	<del></del>	
	of breath, repetitive co		Epinephi		
	ready pulse, low bloo	od pressure, fainting, pale, blueness	Epinephr		
Other†		tening. The severity of symptoms	Epinephr	ine	
uations where having a n	nodilator if asthma): ntihistamines: A na urse at school is not	urse can distinguish symptoms of certain, pediatric allergists recon be part of the action plan. Rathe	mend that school anaphy	laxis action plan	
2. Activate 911					
	► ST	EP 2: MONITORING ◀			
ay with student; Alert headinephrine. Note time who is first if symptoms persist	althcare professionals in epinephrine was add or recur. Up to 1/3 of k with legs raised. Tre	and parent. Tell rescue squad epine ministered. A second dose of epinep f anaphylactic reactions require a second student even if parents cannot be on.	ephrine was given; Reques ohrine can be given 5-15 m cond dose. For a severe re	t an ambulance w inutes or more aft action, consider	
nt Name of Parent/Guard	lian	Signature of Parent/0	Signature of Parent/Guardian		
nt Name of Physician/Healthcare Provider		Signature of Physicia	Signature of Physician/Healthcare Provider		
		2 000 W		Date	

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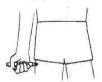
Call 911 - Rescue squad: () Do	octor: Phone: ()	-
Parent/Guardian:	Phone: ()	
Other Emergency Contacts		
Name/Relationship:	Phone: ()	No.
Name/Relationshin	Phone: ( )	_

## EpiPen® and EpiPen® Jr.

- 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.



Twinject® 0.3 mg & Twinject® 0.15 mg



- 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 blue collar at needle base.



- · Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenaclick<sup>™</sup> 0.3 mg & Adrenaclick<sup>™</sup> 0.15 mg



- · Remove GRAY 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).