

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

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

School: _____ Teacher: _____

ALLERGY TO: _____

HISTORY: _____



Asthma: YES (higher risk for severe reaction) NO

◇ STEP 1: TREATMENT ◇

SEVERE SYMPTOMS: Any of the following:

- LUNG:** Short of breath, wheeze, repetitive cough
- HEART:** Pale, blue, faint, weak pulse, dizzy,
- THROAT:** Tight, hoarse, trouble breathing/swallowing
- MOUTH:** Significant swelling of the tongue and/or lips
- SKIN:** Many hives over body, widespread redness
- GUT:** Repetitive vomiting, severe diarrhea
- OTHER:** Feeling something bad is about to happen, confusion



- 1. INJECT EPINEPHRINE IMMEDIATELY**
 2. Call 911 and activate school emergency response team
 3. Call parent/guardian and school nurse
 4. Monitor student; keep them lying down
 5. Administer Inhaler (quick relief) if ordered
 6. Be prepared to administer 2nd dose of epinephrine if needed
- *Antihistamine & quick relief inhalers are not to be depended upon to treat a severe food related reaction . **USE EPINEPHRINE**

Give epinephrine immediately if the allergen was definitely ingested, even if no symptoms

MILD SYMPTOMS ONLY:

- NOSE:** Itchy, runny nose, sneezing
- SKIN:** A few hives, mild itch
- GUT:** Mild nausea/discomfort



1. Alert parent and school nurse
2. Antihistamines may be given if ordered by a healthcare provider,
3. Continue to observe student
4. If symptoms progress **USE EPINEPHRINE**
5. Follow directions in above box

DOSAGE: Epinephrine: inject intramuscularly using auto injector (check one): **0.3 mg** **0.15 mg**

If symptoms do not improve _____ minutes or more, or symptoms return, 2nd dose of epinephrine should be given

Antihistamine: (brand and dose) _____

Asthma Rescue Inhaler: (brand and dose) _____

Student has been instructed and is capable of carrying and self-administering own medication. Yes No

Provider (print) _____ Phone Number: _____

Provider's Signature: _____ Date: _____

If this condition warrants meal accommodations from food service, please complete the medical statement for dietary disability

◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: _____ Phone Number: _____
3. Emergency contacts: Name/Relationship Phone Number(s)
 - a. _____ 1) _____ 2) _____
 - b. _____ 1) _____ 2) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

Parent/Guardian's Signature: _____ Date: _____

School Nurse: _____ Date: _____

To be completed by healthcare provider

Student Name: _____ DOB: _____

TRAINED/DELEGATED STAFF MEMBERS

- 1. _____
- 2. _____
- 3. _____

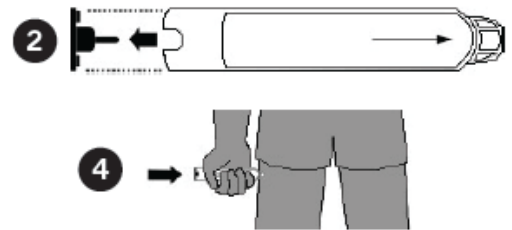
Room _____
Room _____

Self-carry contract on file. Yes No

Expiration Date of epinephrine auto injector: _____

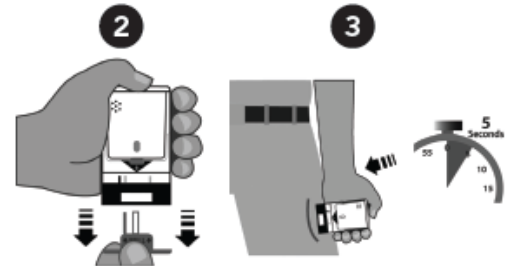
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

- 1. Remove the EpiPen Auto-Injector from the plastic carrying case.
- 2. Pull off the blue safety release cap.
- 3. Swing and firmly push orange tip against outer thigh.
- 4. Hold for approximately 10 seconds.
- 5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

- 1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
- 2. Pull off red safety guard.
- 3. Place black end against outer thigh.
- 4. Press firmly and hold for 5 seconds.
- 5. Remove from thigh.



ADRENACLICK™/ADRENACLICK™ GENERIC DIRECTIONS

- 1. Remove the outer case.
- 2. Remove grey caps labeled "1" and "2".
- 3. Place red rounded tip against outer thigh.
- 4. Press down hard until needle penetrates.
- 5. Hold for 10 seconds. Remove from thigh.



NOTE: Consider lying on the back with legs elevated. Alternative positioning may be needed for vomiting (side lying, head to side) or difficulty breathing (sitting)

Additional information: _____

