

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 ◇

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

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**

MILD SYMPTOMS ONLY:

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



1. Alert parent/guardian 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 in _____ minutes, or if symptoms return, 2nd dose of epinephrine should be given, if available.

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. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

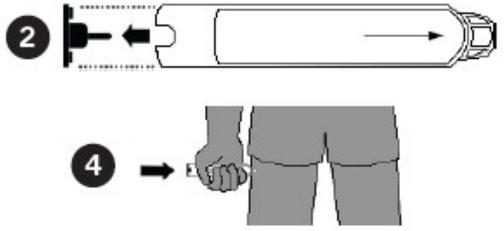
Self-carry contract on file. Yes No

Location of Medication: _____

EXPIRATION DATE OF EPINEPHRINE AUTO INJECTOR: _____

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

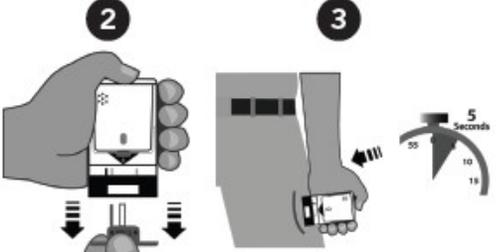
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



The diagram shows two steps: Step 2 shows the blue safety cap being pulled off the orange tip of the auto-injector. Step 4 shows the orange tip being pressed against the outer thigh of a person's leg.

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.



The diagram shows two steps: Step 2 shows a hand pulling off the red safety guard from the Auvi-Q device. Step 3 shows the black end of the device being pressed against the outer thigh. A circular timer icon indicates a 5-second hold time.

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.



The diagram shows three steps: Step 2 shows the removal of grey caps labeled '1' and '2' from the Adrenaclick device. Step 3 shows the red rounded tip being placed against the outer thigh. Step 4 shows the device being pressed against the 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: _____

