












Twin Valley School District
Life Threatening Allergy Action Plan

Child's Full Name: _____ Grade: _____ Birthdate: _____

ALLERGY TO: _____ Does the student have asthma? [] Yes (Higher risk for severe reaction) [] No

Note: Do not depend on antihistamines or inhalers to treat a severe reaction. USE EPINEPHRINE.

<p style="text-align: center;">FOR ANY OF THE FOLLOWING:</p> <h3 style="text-align: center;">SEVERE SYMPTOMS</h3> <div style="display: grid; grid-template-columns: 1fr 1fr 1fr 1fr; gap: 10px;"><div style="text-align: center;"> LUNG Short of breath, wheezing, repetitive cough</div><div style="text-align: center;"> HEART Pale, blue, faint, weak pulse, dizzy</div><div style="text-align: center;"> THROAT Tight, hoarse, trouble breathing/ swallowing</div><div style="text-align: center;"> MOUTH Significant swelling of the tongue and/or lips</div><div style="text-align: center;"> SKIN Many hives over body, widespread redness</div><div style="text-align: center;"> GUT Repetitive vomiting, severe diarrhea</div><div style="text-align: center;"> OTHER Feeling something bad is about to happen, anxiety, confusion</div><div style="text-align: center;">OR A COMBINATION of symptoms from different body areas.</div></div> <p style="text-align: center;">↓ ↓ ↓</p> <ol style="list-style-type: none">1. INJECT EPINEPHRINE IMMEDIATELY.2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive. <ul style="list-style-type: none">• Consider giving additional medications following epinephrine:<ul style="list-style-type: none">» Antihistamine» Inhaler (bronchodilator) if wheezing• Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.• If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.• Alert emergency contacts.• Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.	<h3 style="text-align: center;">MILD SYMPTOMS</h3> <div style="display: grid; grid-template-columns: 1fr 1fr 1fr 1fr; gap: 10px;"><div style="text-align: center;"> NOSE Itchy/runny nose, sneezing</div><div style="text-align: center;"> MOUTH Itchy mouth</div><div style="text-align: center;"> SKIN A few hives, mild itch</div><div style="text-align: center;"> GUT Mild nausea/ discomfort</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p style="text-align: center;">FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.</p><p style="text-align: center;">FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:</p><ol style="list-style-type: none">1. Antihistamines may be given, if ordered by a healthcare provider.2. Stay with the person; alert emergency contacts.3. Watch closely for changes. If symptoms worsen, give epinephrine.</div>	<h3 style="text-align: center;">MEDICATIONS/DOSES</h3> <p>Epinephrine Brand: _____</p> <p>Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM</p> <p>Antihistamine Brand or Generic: _____</p> <p>Antihistamine Dose: _____</p> <p>Other (e.g., inhaler-bronchodilator if wheezing): _____</p>
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School Use Only: This student has demonstrated proper technique in use of the epinephrine auto-injector, verbalized understanding of the school policy and procedure as evidenced on the assessment checklist.

Nurse signature

Date

Physician Authorization

_____ I believe this child is capable and responsible to carry and self-administer their *epinephrine auto-injector* during school and school activities. He/she has physician permission to do so and has been instructed in the proper procedure for self-administration.

Physician's Signature Required

Physician's Printed Name

Telephone Number

Today's Date

Parent/Guardian Authorization

_____ I believe my child is capable and responsible to carry and self administer their *epinephrine auto-injector* and I give my permission to do so during school hours and school activities, and if auto-injector is used he/she will immediately notify the nurse.

Parent/Guardian signature

Print name

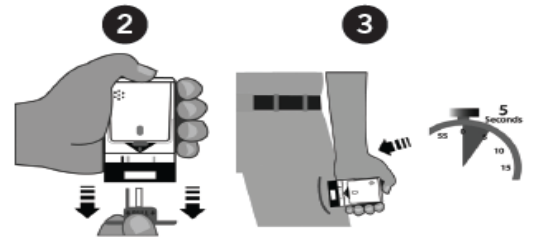
Date

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Student's Name: _____

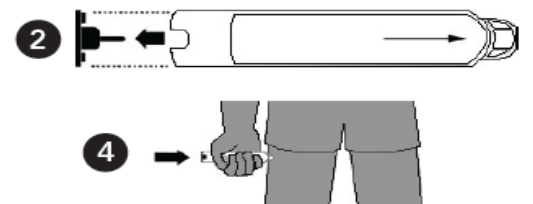
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

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 mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



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 mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



ADRENALICK®/ADRENALICK® GENERIC DIRECTIONS

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



STUDENT EMERGENCY INFORMATION:

Parent/Guardian Contact

Phone Number

Parent/Guardian Contact

Phone Number

Preferred Hospital: _____