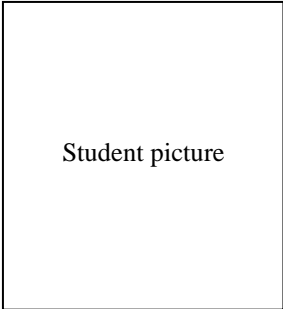




# NORTHWEST ASTHMA & ALLERGY CENTER

## ANAPHYLAXIS PLAN



Student picture

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Does this student have Asthma?  No  Yes (higher risk of severe reaction)

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

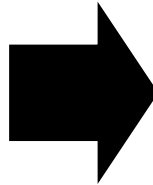
### Any SEVERE SYMPTOMS after suspected or known ingestion

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: Multiple hives over body

Or combination of symptoms from different body areas:

- Skin: Hives, itchy rashes, swelling (e.g., eyes, lips)
- Gut: Vomiting, diarrhea, abdominal cramping/pain



### 1. INJECT EPINEPHRINE IMMEDIATELY

**\*\*Repeat 2<sup>nd</sup> dose in  $\geq$  5 minutes or more if symptoms not improving or worsening**

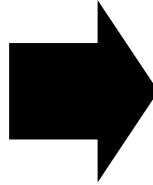
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:

- Antihistamine
- Inhaler (bronchodilator) if Asthma

**\*\*Antihistamines & inhalers are not to be depended upon to treat a severe reaction (anaphylaxis) - USE EPINEPHRINE.**

### Mild Symptoms ONLY

- Mouth: Itchy mouth
- Skin: A few hives around mouth/face, mild itch
- Gut: Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring (see box below)

### Medications/Doses:

Epinephrine:  Epinephrine 0.10 mg  Epinephrine 0.15 mg  Epinephrine 0.3 mg

Antihistamines:  Benadryl/Diphenhydramine 12.5 mg/5ml \_\_\_\_\_ tsp(s) or chewable \_\_\_\_\_ tab(s)

OR

Zyrtec/Cetirizine 5 mg/5 ml \_\_\_\_\_ tsp(s) or chewable \_\_\_\_\_ tab(s)

(\*Liquid antihistamine would be preferable over tablets IF AVAILABLE)

Other: (e.g., inhaler/bronchodilator if asthmatic):  Albuterol/Levalbuterol 2 puffs

### MONITORING: **\*\*Stay with student. Alert healthcare professionals and parents**

- Tell rescue squad epinephrine was given; request an ambulance with epinephrine.
- Note time when epinephrine was administered. \_\_\_\_\_
- A second dose can be given  $\geq$  5 minutes if symptoms are not improving or worsening.
- For a severe reaction, consider keeping student lying on back with legs raised.
- Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

**The severity of the reaction can change quickly. Past reactions do not predict future reactions.**

This student may self-carry this emergency medication at school.  Yes  No

This student is trained & capable of self-administering emergency medications.  Yes  No

HCP Signature

HCP printed name

Date

***The medication order is valid through the current school year, including summer school***

Parent section	I request that the school nurse, or designated staff member, administer the above medications in accordance with healthcare provider instructions			
	I give my permission for the medication information to be shared with school staff on a "need to know" basis			<input type="checkbox"/> Yes <input type="checkbox"/> No
	I give permission for my child to carry this emergency medication			<input type="checkbox"/> Yes <input type="checkbox"/> No
	I give permission for my child to self-administer this emergency medication			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian signature _____		Date _____	Home phone _____	Emergency phone _____

### EMERGENCY CONTACT INFORMATION

Guardian #1 \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Guardian #1 \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Primary Care MD \_\_\_\_\_ Phone \_\_\_\_\_

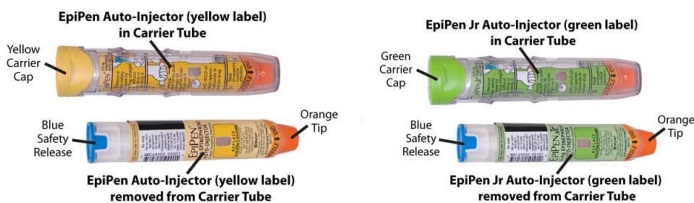
Allergy MD *Northwest Asthma & Allergy Center* Phone (206) 527-1200

Other Emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

#### EpiPen™ and EpiPen Jr™ Auto-Injector



##### 1. Prepare the EpiPen or EpiPen Jr Auto-Injector for Injection

- Remove the auto-injector from the clear carrier tube.
- Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube.**
- Tip and slide the auto-injector out of the carrier tube.**
- Grasp the auto-injector in your fist with the orange tip pointing downward.
- With your other hand,** remove the blue safety release by pulling straight up without bending or twisting it.

##### 2. Administer the EpiPen or EpiPen Jr Auto-Injector

- Hold the auto-injector with orange tip near the outer thigh.**
- Swing and firmly push the orange tip against the outer thigh until it 'clicks. **Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.**
- Hold firmly against the thigh for approximately **10 seconds** to deliver the drug. The injection is now complete.



##### 3. Finalize the Injection Process

- Remove the auto-injector from the thigh. The orange tip will extend to cover the needle.
- Massage the injection area for 10 seconds.

**Get emergency medical help right away.** You may need further medical attention. You may need a second EpiPen or EpiPen Jr Auto-Injector should symptoms persist or recur.

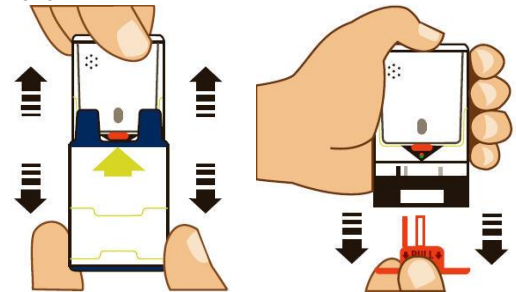
#### How to use Auvi-Q™

##### 1. Pull Auvi-Q™ from the outer case

- Do **not** proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.

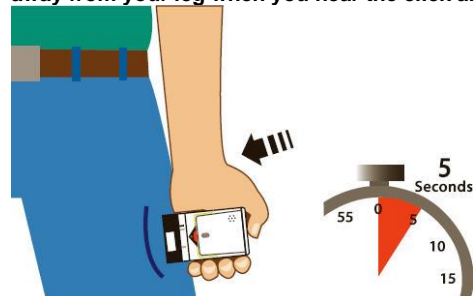
##### 2. Pull off the red safety guard

- To avoid an accidental injection, **never** touch the black base of the auto-injector. If an accidental injection does occur, seek medical help immediately. NOTE: The safety guard is meant to be tight. **Pull firmly to remove.**



##### 3. Place black end against the middle of the outer thigh (through clothing, if necessary), then press firmly and hold in place for 5 seconds. Each device is a single-use injection.

- Only** inject into the middle of the outer thigh (upper leg). Do not inject into any other location. **Note: Auvi-Q™ makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q™ is working correctly. Do not pull Auvi-Q™ away from your leg when you hear the click and hiss sound.**



##### 4. Seek medical attention immediately

- Replace the outer case and take your used Auvi-Q™ with you to a healthcare professional for proper disposal and a prescription refill.