



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

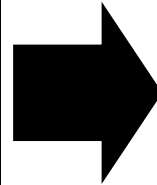
Any SEVERE SYMPTOMS after suspected or known ingestion

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 2nd dose in ≥ 5 minutes or more if symptoms not improving or worsening**

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

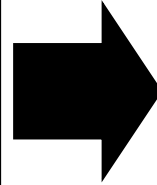
-Antihistamine

-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 ≥ 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 _____

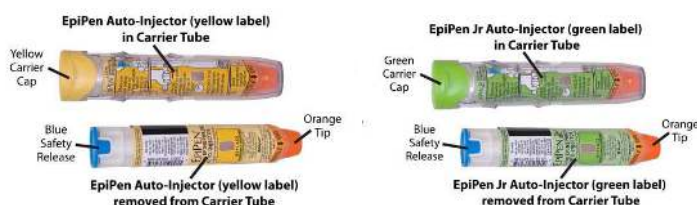
Allergy MD *Northwest Asthma & Allergy Center* Phone (206) 527-1200

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.

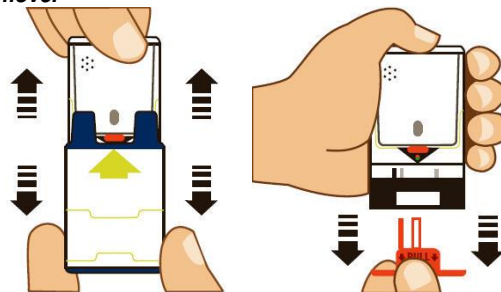
How to use Auvi-Q™

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.

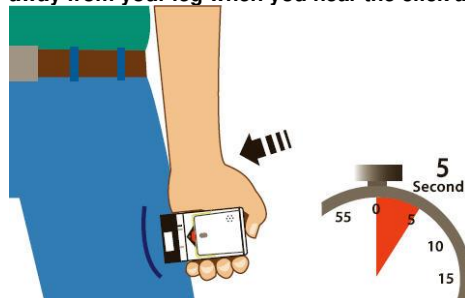
2. Pull off the red safety guard

- 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.