

Physician/Health Care Provider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Antihistamine (brand and dose): _____

Epinephrine (brand and dose): _____

MEDICATIONS/DOSES

MILD SYMPTOMS



itchy/runny nose, sneezing



itchy mouth



A few hives, mild itch



Mild nausea/discomfort

GUT



1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parents
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring

SEVERE SYMPTOMS



Obstructive swelling (tongue and/or lips)



Many hives over body, widespread redness



Repetitive vomiting or severe diarrhea

GUT



Short of breath, wheeze, repetitive cough



Pale, blue, faint, weak pulse, dizzy, confused



Tight, hoarse, trouble breathing/swallowing

THROAT



1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis); USE EPINEPHRINE

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

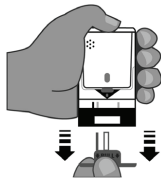
Allergic to: _____

Emergency Action Plan for: _____

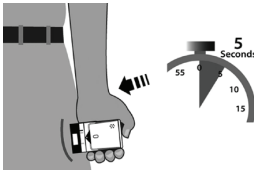


Auvi-Q™ Directions For Use:

- Pull Auvi-Q™ from the outer case. This will automatically activate the voice instructions.
- Pull off red safety guard (avoid accidental injection: never touch the black base of the auto-injector).



- Place black end against the middle of the outer thigh (through clothing, if necessary), then press firmly and hold in place for 5 seconds.



- Seek medical attention immediately. Do not discard Auvi-Q in regular trash; give to healthcare provider for proper disposal.

WARNING

- Auvi-Q™ should be injected only into the outer thigh, works over clothing (see directions for use).
- Store at room temperature (15°-30°C/59°-86°F)
- Auvi-Q™ Expires: ____ / ____ / ____

Emergency Contacts

1. _____

Relation: _____

Phone(s): _____

2. _____

Relation: _____

Phone(s): _____

3. _____

Relation: _____

Phone(s): _____



P.O. Box 2870, Ann Arbor, MI 48106 | www.safetysack.com
Adapted with permission of Food Allergy Research & Education (FARE)