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Physician: _____ Date: ___ / ___ / ___ Parent: ___ / ___ / ___ Date: ___ / ___ / ___
Epinephrine (brand and dose): _____
Other (e.g., inhaler-bronchodilator if asthmatic): _____


MEDICATIONS/DOSES

MILD SYMPTOMS

NOSE  Itchy/runny nose, sneezing

MOUTH  Itchy mouth

SKIN  A few hives, mild itch

GUT  Mild nausea/discomfort


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


LUNG  Short of breath, wheeze, repetitive cough

MOUTH  Obstructive swelling (tongue and/or lips)

SKIN  Many hives over body, widespread redness

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

THROAT  Tight, hoarse, trouble breathing/swallowing

GUT  Repetitive vomiting or severe diarrhea

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911

3. Begin monitoring

4. Give additional medications: * Antihistamine and/or inhaler (bronchodilator) if asthma

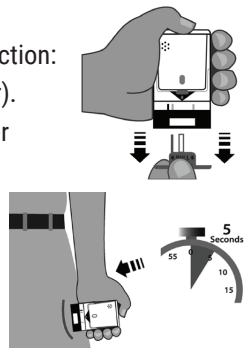
**Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.*



Emergency Action Plan for: _____
 If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.
Allergic to: _____

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 irregular 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): _____



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