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







MEDICATIONS/DOSES

MILD SYMPTOMS

- NOSE**  sneezing, itchy/runny nose
- 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: _____

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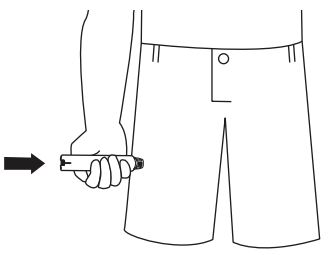
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EpiPen Auto-Injector Directions For Use:

- First, remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.



- Hold orange tip near outer thigh (always apply to thigh).
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.
- Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.



WARNING

- EPIPEN®/EPIPEN® JR should be injected only into the outer thigh (see directions for use).
- Store at room temperature (15°-30°C/59°-86°F)
- EpiPen™ Expires: ___ / ___ / ___

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Emergency Contacts

- _____
Relation: _____
Phone(s): _____
- _____
Relation: _____
Phone(s): _____
- _____
Relation: _____
Phone(s): _____



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