

ALLERGY & ANAPHYLAXIS - EMERGENCY ACTION PLAN

Allergy Medication Authorization, & Epinephrine Auto-Injector Authorization (EAI) Self-Administration Form

In Accordance with UCA 26-41-104

Utah Department of Health

School Year:

Picture

STUDENT INFORMATION

Asthma: Yes (if yes, high risk for severe reaction) No

Student:	DOB:	School:	Grade:
Parent:	Phone:	Email:	
Physician:	Phone:	Fax:	
School Nurse:	School Phone:	Fax:	

EXTREMELY REACTIVE TO THE FOLLOWING:

Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Allergen: <input type="checkbox"/> peanuts <input type="checkbox"/> tree nuts <input type="checkbox"/> eggs <input type="checkbox"/> milk <input type="checkbox"/> all dairy <input type="checkbox"/> shellfish <input type="checkbox"/> fish	<input type="checkbox"/> latex <input type="checkbox"/> animals <input type="checkbox"/> medication <input type="checkbox"/> insect stings (list) _____	<input type="checkbox"/> other
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ACTIONS FOR MILD TO MODERATE ALLERGIC REACTION

Please check previous symptoms <input type="checkbox"/> Nose – itchy/runny nose <input type="checkbox"/> Mouth - Itchy mouth <input type="checkbox"/> Skin – A few hives, mild itch <input type="checkbox"/> Gut – Mild nausea/discomfort	For MILD SYMPTOMS from A SINGLE SYSTEM area, follow the directions below: <ul style="list-style-type: none">• Antihistamines may be given, if ordered by a healthcare provider.• Stay with the person; alert emergency contacts.• Watch closely for changes. If symptoms worsen, give epinephrine. <p>For MILD SYMPTOMS from MORE THAN ONE system area, GIVE EPINEPHRINE</p>
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ACTION FOR SEVERE ALLERGIC REACTION (ANAPHYLAXIS)

Please check previous symptoms <input type="checkbox"/> Lung -short of breath, wheezing, repetitive cough <input type="checkbox"/> Heart -pale, blue, faint, weak pulse, dizzy <input type="checkbox"/> Throat -tight, hoarse, trouble breathing or swallowing <input type="checkbox"/> Mouth -significant swelling of the tongue and/or lips <input type="checkbox"/> Skin -Many hives over body, widespread redness <input type="checkbox"/> Gut -Repetitive vomiting, severe diarrhea <input type="checkbox"/> Other -Feeling something bad is about to happen, anxiety, confusion	<ol style="list-style-type: none">1. INJECT EPINEPHRINE IMMEDIATELY.2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.3. Consider giving additional medications following epinephrine<ul style="list-style-type: none">• Antihistamine• Inhaler (bronchodilator) if wheezing4. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.5. If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.6. Alert emergency contacts.7. Transport them to emergency department even if symptoms resolve. Person should remain in ED for at least 4 hours because symptoms may return.
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MEDICATION

Epinephrine (EAI) Brand:	Epinephrine Dose	<input type="checkbox"/> 0.15 mg IM <input type="checkbox"/> 0.3 mg IM	Side Effects:
Antihistamine Brand:	Antihistamine Dose		Side Effects:
Other: (e.g., inhaler-bronchodilator if wheezing)	Other Dose		Side Effects:

Location of medication: Student Carries Backpack In Classroom Health Office Front Office Other: _____

PRESCRIBER TO COMPLETE

The above named student is under my care. The above reflects my plan of care for the above named student.

- I feel it is medically appropriate for the student to self-carry Epinephrine Auto Injector(EAI) medication, when able and appropriate, and be in possession of EAI medication and supplies at all times.
- It is not medically appropriate to carry and self-administer this EAI medication. Please have the appropriate/designated school personnel maintain this student's medication for use in an emergency.

Healthcare Provider (print)

Signature

Date

PARENT TO COMPLETE

Parental Responsibilities:

- The parent or guardian is to furnish the Epinephrine Auto Injector (EAI) medication and bring to the school in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name.
- The parent or guardian, or other designated adult will deliver to the school and replace the Epinephrine Auto Injector (EAI) medication within two weeks if the Epinephrine Auto Injector (EAI) single dose medication is given.
- If a student has a change in his/her prescription, the parent or guardian is responsible for providing the newly prescribed information and dosing information as described above to the school. The parent or guardian will complete an updated Epinephrine Auto Injector (EAI) Authorization Form before the designated staff can administer the updated Epinephrine Auto Injector (EAI) medication prescription.

Parent/Guardian Authorization

- I authorize my child to self-administer and carry the prescribed medication described above. My student is responsible for, and capable of, possessing or possessing and self-administering an epinephrine auto-injector per UCA 26-41-104.
- I do not authorize my child to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain my child's medication for use in an emergency.
- I authorize the appropriate/designated school personnel maintain my child's medication for use in emergency.

I give permission for the school nurse or school designee to contact my child's healthcare provider if clarification is needed to administer Epinephrine Auto Injector (EAI). I agree to meet the parental responsibilities listed above. I give permission for school personnel to release personal or medical information about my child in a health-related emergency situation if necessary. I understand this completed and signed form authorizes designated school personnel to administer epinephrine in emergency situations consistent with UCA 26-41-104. My child and I understand there may be serious consequences, including suspension/expulsion from school, for sharing any medications and/or supplies with other students or school staff.

Parent Name (print)	Signature	Home Number	Cell Number
Emergency Contact	Relation	Home Number	Cell Number

SCHOOL NURSE (or principal designee if no school nurse)

- Signed by physician and parent
- Medication is appropriately labeled
- Medication log generated
- Epinephrine is kept: Student Carries Backpack In Classroom Health Office Front Office Other: _____

Allergy & Anaphylaxis Emergency Action Plan distributed to need to know staff:

- Teacher(s)
- PE teacher(s)
- Transportation

School Nurse Signature _____ Date _____

EpiPen Instructions:

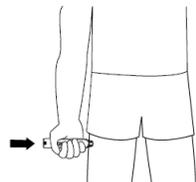
EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- 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



DEI® and the Day logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Day Pharma, L.P.

Adrenacllick Instructions:

Step A



- Pull off GRAY end cap with the [1]; you will now see a RED tip. Never put thumb, finger, or hand over the RED tip.
- Pull off GRAY end cap with [2].

Step B



- Put the RED tip against the middle of the outer side of your thigh (upper leg) as shown. It can go through clothes.
- Press down hard until the needle enters your thigh (upper leg) through your skin. Hold it in place while slowly counting to 10.
- Remove the Adrenacllick from your thigh.
- Check the RED tip. If the needle is exposed, you received the dose. If the needle is not visible, repeat Step B.

Step C



Get emergency medical help right away: Call 911.