FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

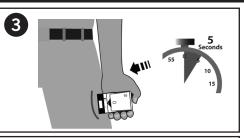
Name:	D.O.B.:				
Allergy to:					
/eight: lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.					
Extremely reactive to the following allergens: THEREFORE: [] If checked, give epinephrine immediately if the allergen was LIKELY of the checked, give epinephrine immediately if the allergen was DEFINIT	[] ingestion [] contact				
FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS	MILD SYMPTOMS				
LUNG Shortness of breath, wheezing, repetitive cough HEART Pale or bluish skin, faintness, weak pulse, dizziness THROAT Tight or hoarse throat, trouble breathing or swallowing Wouth Significant swelling of the tongue or lips	NOSE MOUTH SKIN GUT Itchy or Itchy mouth A few hives, Mild nausea or discomfort FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.				
SKIN Many hives over body, widespread redness SKIN Many hives over body, widespread diarrhea SKIN Many hives over Repetitive Feeling something bad is about to happen, anxiety, confusion AND FOT EDINE DLAD FOR A COMBINATION of symptoms from different body areas.	FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW: 1. Antihistamines may be given, if ordered by a healthcare provider. 2. Stay with the person; alert emergency contacts. 3. Watch closely for changes. If symptoms worsen, give epinephrine.				
 INJECT EPINEPHRINE IMMEDIATELY. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive. Consider giving additional medications following epinephrine: 	MEDICATIONS/DOSES Epinephrine Brand or Generic: Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM				
 Antihistamine Inhaler (bronchodilator) if wheezing 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. If symptoms do not improve, or symptoms return, more doses of 	Antihistamine Brand or Generic:				
 epinephrine can be given about 5 minutes or more after the last dose. Alert emergency contacts. Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return. 	Other (e.g., inhaler-bronchodilator if wheezing): Location of medication in school building: [] Locker [] Self-carry [] Office				



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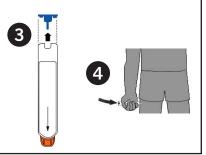
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

- 1. Remove Auvi-Q from the outer case.
- 2. Pull off red safety guard.
- 3. Place black end of Auvi-Q against the middle of the outer thigh.
- 4. Press firmly, and hold in place for 5 seconds.
- 5. Call 911 and get emergency medical help right away.



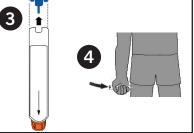
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

- 1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
- 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
- 3. With your other hand, remove the blue safety release by pulling straight up.
- 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
- 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 6. Remove and massage the injection area for 10 seconds.
- 7. Call 911 and get emergency medical help right away.



HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

- 1. Remove the epinephrine auto-injector from the clear carrier tube.
- 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
- 3. With your other hand, remove the blue safety release by pulling straight up.
- 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
- 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 6. Remove and massage the injection area for 10 seconds.
- 7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

- 1. Remove epinephrine auto-injector from its protective carrying case.
- 2. Pull off both blue end caps: you will now see a red tip.
- 3. Grasp the auto-injector in your fist with the red tip pointing downward.
- 4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
- 5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- 6. Remove and massage the area for 10 seconds.
- 7. Call 911 and get emergency medical help right away.

5 Push 10 sec

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

- 1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- 2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- 3. Epinephrine can be injected through clothing if needed.
- 4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALI	L 911	OTHER EMERGENCY CONTACTS
RESCUE SQUAD:		NAME/RELATIONSHIP:
DOCTOR:	PHONE:	PHONE:
PARENT/GUARDIAN:	PHONE:	NAME/RELATIONSHIP:
		PHONE:



Active for	School Ye	ear:
Active for	School 16	ear:

This form must be <u>completed in full and returned with a physician's signature</u> to current school office before administration of medication can take place within the school. <u>OTC medications also require a physician's signature.</u>

Student Name & DOB:	School & Grade:
Parent/Guardian:	Phone:
Parent/Guardian:	Phone:
Name of Prescription or OTC Medi	cation:
Form of Medication (circle one):	Tablet/Capsule Liquid Inhaler Medi-pen Other:
Time to be administered:	
Is this medication for episodic or e	mergency events only? (circle one): Yes No
Is the student able to self-carry thi	s medication? (circle one): Yes No
Possible side effects from medicat	ion:
Health Care Provider Signature:	Phone:
Printed Name:	
Preferred Hospital:	Fax:
Emergency Contact:	Phone:
necessary, contact our physician. I dequipment devices. I understand and above, I will not hold the personnel \$157, Public Acts of 1971, effective 1	y a parent or guardian within one week of the last day of classes for students. An
Parent Signature	Date

School Office Use Only	Administration Office Use Only
Date Received:	Date Received from Building:
Location of Medication:	Date Recorded:
Reminder:	Reminder:
Scan/Email to School Nurse & Administration Office	Set Alert in PowerSchool, Upload to CEO
Undeted on 4/0/2010	