

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

| Name: | D.O.B.: | PLACE PICTURE |
|--|---------|------------------|
| Allergy to: | | HERE |
| Weight: 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 eaten, for ANY symptoms. | | | |

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS





Shortness of Pale or bluish breath, wheezing, skin, faintness, repetitive cough weak pulse, dizziness



Many hives over body, widespread redness



Repetitive vomiting, severe diarrhea



THROAT

Tight or hoarse throat, trouble breathing or swallowing



OTHER

Feeling something bad is about to happen, anxiety, confusion



[] If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

MOUTH

Significant swelling of the tongue or lips



of symptoms from different body areas.

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INJECT EPINEPHRINE IMMEDIATELY.

- 2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
 - 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 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.

MILD SYMPTOMS









NOSE

Itchy or runny nose, sneezing

MOUTH Itchy mouth

A few hives. mild itch

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

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.

MEDICATIONS/DOSES

| Epinephrine Brand or Generic: | | |
|---|-------------|--|
| Epinephrine Dose: [] 0.15 mg IM [|] 0.3 mg IM | |
| Antihistamine Brand or Generic: | | |
| Antihistamine Dose: | | |
| Other (e.g., inhaler-bronchodilator if wheezing): | | |



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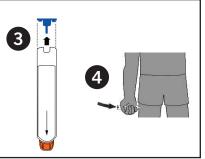
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

- 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.

Seconds 10 15

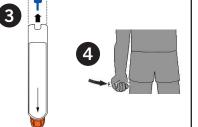
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

- 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: |

Richard Butler Middle School

Butler Public Schools

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www.butlerboe.org/rbs
#smalltownbigheart #bdogpride

Signature of Parent/Guardian



Mrs. Michelle Papa, Principal mpapa@butlerboe.org Student School Year _____ Grade CONSENT FOR TRAINED DELEGATE TO ADMINISTER EPINEPHRINE VIA PRE FILLED **INJECTOR MECHANISM** In the event that the school nurses are unavailable, I give my permission for a designee, selected and trained by the school nurse, to administer Epinephrine via a pre-filled auto injector mechanism to my child, should an emergency arise. I understand that the school district and its employees or agents shall have no liability as a result of injury arising from the Epinephrine to my child and that I shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of Epinephrine to my child. Signature of Parent/Guardian Date I do **NOT** give permission for a designee to administer EPINEPHRINE via a pre-filled auto injector mechanism to my child in the event that my child should exhibit symptoms of an allergic reaction.

Date