



Hypersensitivity/Epi-Pen Plan of Care

Student: _____ School Yr: _____ School: _____ Grade: _____

DOB: _____ Pediatrician: _____ Allergy Physician (if different): _____

Allergy to:	Describe reaction & symptoms:	Does the student have Asthma?

**Children with asthma have a higher risk of severe reaction

Has Student Been Prescribed:	If Yes, Name & Dosage of Medication:
Epi-pen	
Antihistamine	
Asthma inhaler	
Other	

Sign/Symptoms of Allergic Reaction include:

Systems:	Symptoms:
Mouth	Itching, Tingling Sensation in the Mouth, Swelling of the Lips, Tongue, Mouth
*Throat	Itching &/or sense of Tightness in the Throat, Hoarseness, Hacking Cough, Nasal Congestion
Skin	Hives, Rash, sense of Feeling itchy, Flushing &/or Swelling about the Face or Extremities, Bluish Skin Color
Stomach	Nausea/Vomiting and/or Abdominal Cramps, Diarrhea
*Lungs	Tightness in Chest, Shortness of Breath, Repetitive Coughing &/or Wheezing, Shallow Respirations
*Heart	Chest Pain, Drop in Blood Pressure, Weak or Thready Pulse
Mood	Irritable, Anxious, Restless, Feeling of Apprehension, Loss of Consciousness, Weakness or Dizziness, Seizure

Severity of symptoms can change quickly. All symptoms can potentially progress to a life-threatening situation!

Procedure Steps:

DO NOT hesitate to administer medication or call EMS (911)

- Administer Emergency Medication
- Call EMS (911)
- Reassure/calm student
- Encourage student to assume position of comfort
- Encourage slow, even breaths
- Monitor respiratory status & administer Rescue Breathing or CPR if needed
- Notify parent/guardian

Other Notes:

It is the responsibility of the parent/guardian to provide any needed medications or supplies to the school.

Program Plan of Care reviewed and approved by:

Parent/Guardian Signature Date

School RN Signature Date

Principal Signature Date

Physician Signature Date

TRAINED STAFF MEMBERS

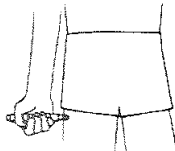
1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

