

Place
Student's
Picture
Here

SEVERE ALLERGY ACTION PLAN
FOR SCHOOL PERSONNEL

Student: _____ Grade: _____ DOB: _____
Teacher: _____ Classroom: _____ SCHOOL YEAR: _____

SEVERE ALLERGY TO: _____

Asthmatic: YES * NO * Higher risk for severe reaction

STEP 1: RECOGNIZE THE SYMPTOMS

If _____ shows **the following symptoms as check by doctor:**

Symptoms: (Doctor, please select by checking all symptoms that require Epinephrine Auto-Injector administration)

- Mouth** itching, tingling or swelling of the lips, tongue, mouth
- Throat** tightening of throat, hoarseness, hacking cough
- Skin** hives, itchy rash, swelling of the face or extremities
- Gut** nausea, abdominal cramps, vomiting, and diarrhea
- Lung** shortness or breath, repetitive coughing, wheezing
- Heart** weak or thready pulse, low blood pressure, fainting, pale, blueness
- Other** _____

STEP 2: RESPOND

Give Epinephrine Auto-Injector as directed per Authorization for Medication Form.

(Doctor, please select by checking dosage to be administered)

- Epinephrine Auto-Injector (0.15mg epinephrine)
- OR
- Epinephrine Auto-Injector (0.3mg epinephrine)

Administer rescue breathing or CPR, if necessary.

STEP 3: EMERGENCY CALLS

1. Call 911
2. Call Emergency Contacts:

Name/Relationship	Phone Number	Alternate Phone Number
1.	1.	1.
2.	2.	2.
3.	3.	3.

Doctor Signature

Date

Parent/Guardian Signature

Date

**SEVERE ALLERGY ACTION PLAN
FOR SCHOOL PERSONNEL**

Student: _____ DOB: _____
Teacher: _____ Classroom: _____ Grade: _____

SEVERE ALLERGY TO: _____

Auvi-Q Epinephrine Auto-Injector Trained Staff:

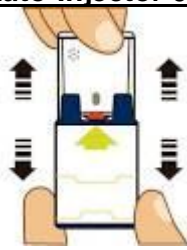
Name (Please print)	Title	Signature

Nurse Verification:
Action plan and staff training verified.

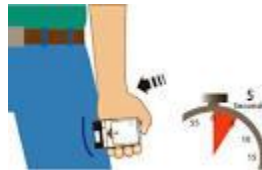
Nurse signature _____ Date _____

Parent/guardian signature _____ Date _____

Directions for Auvi-Q (Epinephrine) Auto-Injector 0.15mg or 0.3mg



1. Pull Auvi-Q from the outer case and follow the voice instructions (do not proceed to step 2 until you are ready to use Auvi-Q. If not ready to use, replace the outer case.)
2. Pull off **Red** safety guard (The safety guard is meant to be tight. ***Pull firmly to remove.***)
3. Place **black** end against the middle of the outer thigh (through clothing, if necessary), then press firmly
4. and hold in place for 5 seconds



5. Note: Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly.
6. Call 911 or seek emergency medical attention.
7. Deliver used Auvi-Q Epinephrine Auto-Injector to EMS responders.

**SEVERE ALLERGY ACTION PLAN
FOR SCHOOL PERSONNEL**

Student: _____ DOB: _____
Teacher: _____ Classroom: _____ Grade: _____

SEVERE ALLERGY TO: _____

Adrenaclick Epinephrine Auto-Injector Trained Staff:

Name (Please print)	Title	Signature

Nurse Verification:

Action plan and staff training verified.

Nurse signature _____ Date _____

Parent/guardian signature _____ Date _____

Directions for Adrenaclick (Epinephrine) Auto-Injector 0.15mg or 0.3mg



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.
6. Call 911 or seek emergency medical attention.
7. Deliver used Adrenaclick Epinephrine Auto-Injector to EMS responders.

SEVERE ALLERGY ACTION PLAN

FOR SCHOOL PERSONNEL

Student: _____ DOB: _____
 Teacher: _____ Classroom: _____ Grade: _____

SEVERE ALLERGY TO: _____

EpiPen Trained Staff:

Name (Please print)	Title	Signature

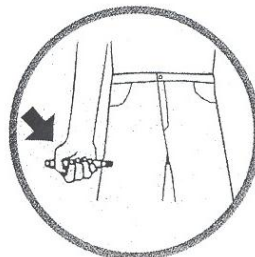
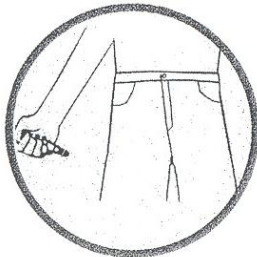
Nurse Verification:
Action plan and staff training verified.

Nurse signature _____ Date _____

Parent/guardian signature _____ Date _____

Directions for EpiPen (Epinephrine) Auto-Injector 0.15mg or 0.3mg

1. First, remove the EpiPen Auto-Injector from the plastic carrying case
2. Pull off blue safety release cap.
3. Hold the orange tip near outer thigh (always apply to thigh)
4. Swing and firmly push orange tip against outer thigh so it clicks.
 Hold on thigh for 10 seconds.
 - Remove the EpiPen Auto-Injector and massage the area for 10 seconds.
 - Deliver used EpiPen to EMS responders.



Test Your Knowledge

What is an Epinephrine Auto-Injector?

When and why is the Epinephrine Auto-Injector given?

1. Into which part of the body should the Epinephrine Auto-Injector be injected?
2. Can an Epinephrine Auto-Injector be administered through clothing?
3. How long should you hold the Epinephrine Auto-Injector in place to ensure the medicine has been given?
4. If applicable, how many doses of epinephrine (0.15mg or 0.3mg) are in **one** Auto-Injector?
5. What emergency calls will be made? Where will the student be transported to?

The 3 Rs:

REVIEW the severe allergy action plan

RECOGNIZE the symptoms

RESPOND per the severe allergy action plan

Resources:

auvi-q.com/hcp/watch-demo

auvi-q.com/hcp/mobile-app

www.foodallergy.org

www.aaaai.org

**Epinephrine Auto-Injector Meeting Sign-in Sheet
DOH-Miami-Dade School Health Program**

Meeting:

Date:

Name (Please Print)	Title
1	
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