

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 of 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 |
|---------------------|-------|-----------|
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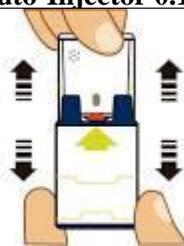
**Nurse Verification:**

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 |
|---------------------|-------|-----------|
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**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 |
|---------------------|-------|-----------|
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**Nurse Verification:**

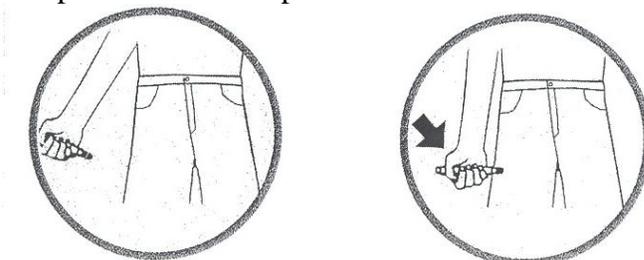
**Action plan and staff training verified.**

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

1. What is an Epinephrine Auto-Injector?
2. When and why is the Epinephrine Auto-Injector given?
3. Into which part of the body should the Epinephrine Auto-Injector be injected?
4. Can an Epinephrine Auto-Injector be administered through clothing?
5. How long should you hold the Epinephrine Auto-Injector in place to ensure the medicine has been given?
6. If applicable, how many doses of epinephrine (0.15mg or 0.3mg) are in one Auto-Injector?
7. What emergency calls will be made?
8. 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](http://auvi-q.com/hcp/watch-demo)

[auvi-q.com/hcp/mobile-app](http://auvi-q.com/hcp/mobile-app)

[www.foodallergy.org](http://www.foodallergy.org)

[www.aaaai.org](http://www.aaaai.org)

# Epinephrine Auto-Injector Meeting Sign-in Sheet

## DOH-Miami-Dade School Health Program

Meeting:

Date:

| Name (Please Print) | Title |
|---------------------|-------|
| 1                   |       |
| 2                   |       |
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