ACTION PLAN FOR ANAPHYLAXIS

Patient's Name  Date of Birth  Expiration Date for Action Plan

Health Care Provider  Provider’s Phone Number

Responsible Person (i.e. parent/guardian)  Phone Number

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<tr>
<th>Emergency Contacts</th>
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Patient’s known severe allergies:

WATCH FOR SIGNS AND SYMPTOMS OF ANAPHYLAXIS

Medication:

To prevent anaphylaxis shock administer a one time injection in thigh or specify other location

☐ EpiPen Jr. (0.15 mg)  ☐ EpiPen (0.3 mg)  ☐ Other ____________________

Only a few signs and symptoms may be present. Severity of symptoms can change quickly. Some symptoms can be life threatening:

- Rash (especially hives) with redness and swelling especially on face, lips and tongue
- Shortness of breath, cough, wheeze
- Difficulty talking and/or hoarse voice
- Abdominal pain, vomiting, diarrhea
- Loss of consciousness

ACT QUICKLY !!!!!

1. Stay with the child and have someone call 911.
2. Locate EpiPen (epinephrine).
3. Oversee or assist child in injecting the epinephrine in thigh using medication listed above.
4. Contact responsible person or other emergency contacts listed above.

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN AND YOUTH:

Healthcare Providers Initials

☐ This student was trained and is capable to self-administer with the auto injectable epinephrine pen
☐ This student is not approved to self-medicate

Health Care Provider’s Signature  Date

☐ As the Responsible Person, I hereby authorize a trained school employee to administer medication to the student
☐ As the Responsible Person, I hereby authorize this student to possess and self-administer medication.

I hereby acknowledge that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct

Responsible Person’s Signature  Date

This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Permission to Reproduce Blank Form

REVISED MARCH 2011  PATIENT COPY
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REVISED MARCH 2011 SCHOOL NURSE/CHILD CARE COPY
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