Place Student's Picture Here
Beverly

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-InjectorTrained Staff:

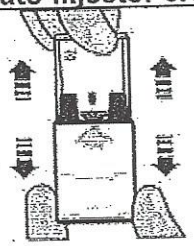
Name (Please print)	Title	Signature

Nurse Verification:
Action plan and staff training verified.

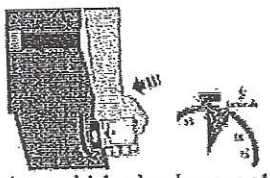
Nurse signature _____ Date_____

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.

8. Deliver used Auvi-Q (epinephrine injection) to EMS responders.