

**ST. MARY'S COUNTY PUBLIC SCHOOLS**  
*Department of Student Services/ St. Mary's County Health Department*

**ALLERGY EMERGENCY ACTION PLAN**

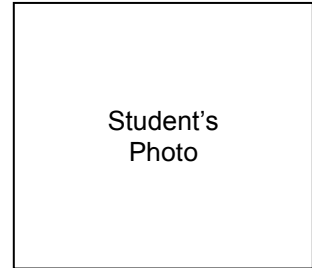
This EAP is valid for school year \_\_\_\_\_ including the summer session Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Bus Number to School: \_\_\_\_\_ and Home: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthma:  Yes (higher risk for anaphylaxis)  No



**IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

1) Any SEVERE SYMPTOMS after suspected or known ingestion:  
**One or more** of the following:  
 LUNG: Short of breath, wheeze, repetitive cough, noisy, or difficulty breathing  
 HEART: Pale, blue, faint, weak pulse, dizzy, loss of consciousness  
 THROAT: Tight, hoarse, trouble breathing or swallowing, swelling of throat  
 MOUTH: Obstructive swelling (tongue and/or lips)  
 Or combination of symptoms:  
 SKIN: Hives, generalized itching, tingling, and/or swelling (e.g., eyes, lips), generalized flushing  
 GI: Nausea, vomiting, diarrhea, cramping  
 MENTAL: Uneasiness, agitation, panic, feeling of impending doom  
 2) KNOWN INGESTION and PREVIOUS HISTORY OF ANAPHYLAXIS to the allergen (no symptoms need to be present)



1. INJECT EPINEPHRINE IMMEDIATELY  
 2. Call 911  
 3. Stay with student, begin monitoring  
 4. Give a second dose of epinephrine (if available) if symptoms get worse, continue, or do not improve within five minutes.  
 5. Give additional medications if prescribed:  
 - Antihistamine  
 - Inhaler (bronchodilator) if asthma symptoms present

\* Antihistamines and inhalers or bronchodilators are not to be depended upon to treat or prevent a severe reaction (anaphylaxis)

**Emergency Action Steps – DO NOT HESITATE TO GIVE EPINEPHRINE!**

1. Inject epinephrine in thigh using (check one):  Adrenaclick (0.15 mg)  Adrenaclick (0.3 mg)  
 Auvi-Q (0.15 mg)  Auvi-Q (0.3mg)  
 EpiPen Jr. (0.15 mg)  EpiPen (0.3 mg)

Specify other(s): \_\_\_\_\_

2. Other Medication(s) Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**Emergency Contact Information**

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Legal Guardian #1: \_\_\_\_\_ Parent/Legal Guardian #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s)/Legal Guardian(s)' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

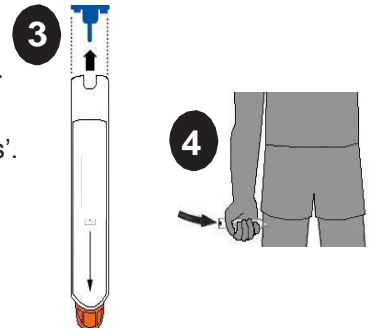
**ALLERGY EMERGENCY ACTION PLAN (CONTINUED)**

**Trained Staff Members**

- |          |            |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |
| 4. _____ | Room _____ |
| 5. _____ | Room _____ |
| 6. _____ | Room _____ |

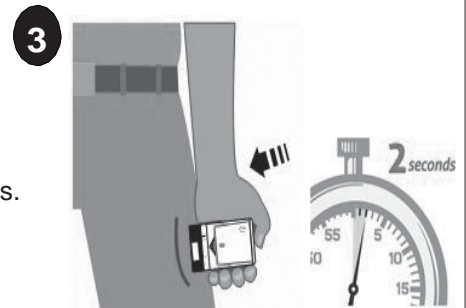
**HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN**

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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