Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders Student's Name: ______ D.O.B. _____ Grade: _____ School: _ ______ Teacher: ______ Place child's ALLERGY TO: photo here HISTORY: **Asthma:** YES (higher risk for severe reaction) NO **♦ STEP 1: TREATMENT** Give epinephrine immediately if the allergen was 1. INJECT EPINEPHRINE IMMEDIATELY definitely ingested, even if no symptoms 2. Call 911 and activate school emergency response team **SEVERE SYMPTOMS:** Any of the following: 3. Call parent/quardian and school nurse LUNG: Short of breath, wheeze, repetitive cough 4. Monitor student; keep them lying down HEART: Pale, blue, faint, weak pulse, dizzy, 5. Administer Inhaler (quick relief) if ordered THROAT: Tight, hoarse, trouble breathing/swallowing 6. Be prepared to administer 2nd dose of MOUTH: Significant swelling of the tongue and/or lips epinephrine if needed Many hives over body, widespread redness SKIN: *Antihistamine & quick relief inhalers are not to Repetitive vomiting, severe diarrhea GUT: be depended upon to treat a severe food OTHER: Feeling something bad is about to happen, related reaction . USE EPINEPHRINE confusion 1. Alert parent/guardian and school nurse MILD SYMPTOMS ONLY: 2. Antihistamines may be given if ordered by NOSE: Itchy, runny nose, sneezing a healthcare provider, SKIN: A few hives, mild itch 3. Continue to observe student GUT: Mild nausea/discomfort 4. If symptoms progress USE EPINEPHRINE 5. Follow directions in above box **DOSAGE:** Epinephrine: inject intramuscularly using auto injector (check one): 0.3 mg 0.15 mg If symptoms do not improve in_____minutes, or if symptoms return, 2nd dose of epinephrine should be given, if available. Antihistamine: (brand and dose) **Asthma Rescue Inhaler:** (brand and dose) Student has been instructed and is capable of carrying and self-administering own medication. Yes No Phone Number: _____ Provider (print) Date: Provider's Signature: If this condition warrants meal accommodations from food service, please complete the medical statement for dietary disability **♦ STEP 2: EMERGENCY CALLS ♦** 1. If epinephrine given, call 911. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed. Phone Number: 3. Emergency contacts: Name/Relationship Phone Number(s) a. 1) 2) _____1) ______2) _____ EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child. Parent/Guardian's Signature: School Nurse: Date: _____

Student Name:		DOB:	
	TRAINED/DELEGATED STAF	E MEMBERS	
1		Room	
	•	Room	
		Room	
Se	elf-carry contract on file. Yes No		
	ocation of Medication:		
	RATION DATE OF EPINEPHRINE AUTO INJECTOR:		
	PIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS		
1.	Remove the EpiPen Auto-Injector from the plastic carrying case.	8 F 7	
2.	Pull off the blue safety release cap.		
3.	Swing and firmly push orange tip against outer thigh.		
	,,,,,	4 → (m)	
5.	Remove and massage the area for 10 seconds.		
ΑL	JVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS	2 8	
1.	Remove the outer case of Auvi-Q. This will automatically activate the instructions.	voice	
2.	Pull off red safety guard.	* 5-5-second	
3.	Place black end against outer thigh.	4111 23 110	
4.	Press firmly and hold for 5 seconds.		
5.	Remove from thigh.	₹	
AD	DRENACLICK™/ADRENACLICK™ GENERIC DIRECTIONS		
1.	Remove the outer case.	-S - D	
2.	Remove grey caps labeled "1" and "2".		
3.	Place red rounded tip against outer thigh.		
4.	Press down hard until needle penetrates.		
5.	Hold for 10 seconds. Remove from thigh.		
ad	E: Consider lying on the back with legs elevated. Alternative poto side) or difficulty breathing (sitting)		
			

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