



Deer Valley  
Unified School District

## Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade/Teacher \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma ☐ Yes (high risk for severe reaction) ☐ No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

### Symptoms of Anaphylaxis

MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

**Only a few symptoms may be present. Severity of symptoms can change quickly.**

**\*Some symptoms can be life-threatening. ACT FAST!**

### Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- |  |  |
|--|--|
| <input type="checkbox"/> Auvi-Q (0.15 mg)    | <input type="checkbox"/> Auvi-Q (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15 mg) | <input type="checkbox"/> EpiPen (0.3 mg) |
- Epinephrine Injection, USP Auto-injector- authorized generic :
- |  |   |
|--|---|
| <input type="checkbox"/> (0.15 mg)             | <input type="checkbox"/> (0.3 mg)             |
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> Other (0.15 mg)       | <input type="checkbox"/> Other (0.3 mg)       |

Specify others: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

*I authorize this information to be shared with all school staff as needed. I authorize reciprocal release of information related to severe allergies between the nurse at school and my child's healthcare provider.*

\_\_\_\_\_  
Doctor's Signature/Date/Phone Number

\_\_\_\_\_  
Parent's Signature (for individuals under age 18 yrs) /Date

**The prevalence of anaphylaxis is increasing. Epinephrine is the only recognized first-line treatment for anaphylaxis and must be given promptly. Epinephrine is underutilized in anaphylaxis treatment. All other drugs have a delayed onset of action.**

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**EPIPEN (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS:**

Remove the EpiPen Auto-Injector from the plastic carrying case. **Remove the BLUE safety release cap.**



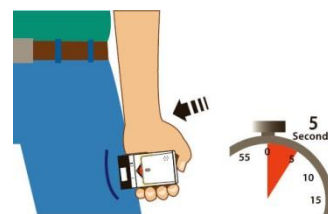
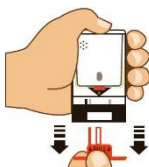
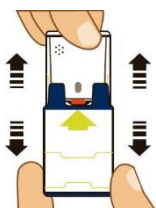
Hold the auto-injector with orange tip near the middle of the outer thigh (upper leg). **Swing and firmly push the orange tip against the middle of the outer thigh until it 'clicks'.**

**Hold firmly against the thigh for approximately 10 seconds** to deliver the medicine. The injection is now complete.

**Remove the auto-injector from the thigh.** The orange tip will extend to cover the needle. Massage the injection area for 10 seconds.

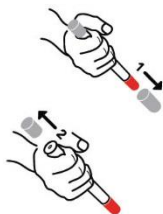
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**AUVI-Q (epinephrine injection, USP) DIRECTIONS**



1. Pull Auvi-Q® from the outer case—this will automatically activate the voice instructions.
  2. Pull off Red safety guard.
  3. Place black end against the middle of the outer thigh (through clothing, if necessary), then press firmly and hold in place for 5 seconds. Remove from thigh.
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**ADRENALCLICK (epinephrine injection, USP auto-injector) DIRECTIONS**



1. Remove the outer case.
2. Remove gray 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.

Check the red tip--If needle is exposed, you received the dose. If not, repeat steps 3 to 5.

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**OTHER DIRECTIONS / INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

