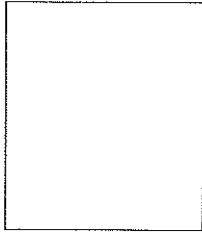


Anaphylaxis Action Plan: Individual Student



Name: _____ Grade: _____ Date of Birth: _____

Weight: _____ lbs. Asthma Yes (greater risk of severe reaction) No

ALLERGY TO: _____

Health Care Professional Initial

If initiated, give epinephrine immediately if the allergen was definitely eaten or student stung as applicable to above allergy even if there are no symptoms present then call 911.

Health Care Professional Initial

If initiated, give epinephrine immediately if the allergen was likely eaten or stung as applicable to above allergy even if there are only mild symptoms present then call 911.

For a suspected or active allergy reaction:			
FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS		Note: when in doubt, give epinephrine MILD SYMPTOMS	
 LUNG Short of breath, wheeze, repetitive cough, chest tightness, blue skin and/or lip color	 HEART Pale, blue, faint, weak pulse, dizzy, or confused	 THROAT Tightness, hoarse, trouble breathing or swallowing	 MOUTH Swelling of tongue, lips or back of throat
 SKIN Widespread redness or hives, or eye swelling	 GUT Repetitive vomiting, severe diarrhea, or abdominal cramps	 OTHER Feeling of doom, confusion or loss of consciousness	OR A combo of mild or severe symptoms from different body areas.
Note: Do not depend on antihistamine or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine		 NOSE Itchy/runny nose, sneezing	
		 SKIN Few hives, mild itch	
<ol style="list-style-type: none"> INJECT EPINEPHRINE IMMEDIATELY!!! CALL 911. Request ambulance with epinephrine. Give additional medications as noted below <input type="checkbox"/> Antihistamine <input type="checkbox"/> Inhaler (bronchodilator) Monitor student. Note time Epi was given. Lay student flat with legs elevated. If difficulty breathing or vomiting sit or turn on side. Give second dose of epinephrine in 5 minutes or more after the 1st does if symptoms do not improve or reoccur. Call parent and school nurse (see back for contact numbers) Student should be transported to the ER even if symptoms resolve and remain in ER for 4+ hours because symptoms may return. 		<ol style="list-style-type: none"> Give antihistamines if ordered below Stay with student Contact parent and school nurse (see back page) Monitor student closely for changes. <p>IF SYMPTOMS WORSEN, GIVE EPINEPHRINE</p>	
		MEDICATIONS/DOSES	
		Epinephrine Brand: <input type="checkbox"/> EpiPen® <input type="checkbox"/> Auvi-Q®	
		Other: _____	
		Epinephrine Dose: <input type="checkbox"/> 0.15 mg IM <input type="checkbox"/> 0.3 mg IM	

		Antihistamine Brand or generic	

		Antihistamine Dose	

		Other (bronchodilator inhaler/dose)	
<input type="checkbox"/> Student may carry medication AND self-medicate without supervision. As the medical provider, I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on their own without school personnel supervision.			
_____ Health Care Provider Signature		_____ Parent/Guardian Signature	
DATE		DATE	
_____ Health Care Provider PRINTED NAME		PARENT: SEE BACK OF FORM TO COMPLETE Form adapted May 2014 from Food Allergy Action Plan 8/13, www.foodallergy.org , Food Allergy Research and Education (FARE)	
Phone Number			

NOTICE TO PARENT/GAURDIAN

The school district may have 'stock' epinephrine according to Section 20-5-420, MCA and School Board Policy 3416.

Epinephrine supplied by the district, where and when available, is NOT intended to take the place of parent supplied epinephrine or student carried epinephrine. Epinephrine, supplied by parent and given to the school or carried by the student, should be available for off campus activities or after school activities. This is the responsibility of the parent/ guardian.

_____ Signature /Date

Parent/Guardian Contact Information:

1st:

 Name Phone

2nd :

 Name Phone

3rd :

 Name Phone

School Nurse Contacts (School will add)

1st

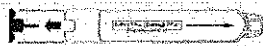
 Name/Phone

2nd

 Name/Phone

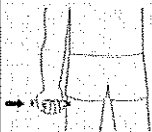
EPIPEN® And Epipen Jr Auto-Injector Directions

First, remove the Epipen Auto-injector from the plastic carrying case.



Pull off the blue safety release cap

Hold orange tip near outer thigh (always apply to thigh)



Swing and firmly push orange tip against outer thigh. Hold on thigh for ~ 10 seconds. Remove the Epipen auto-injector and massage the area for 10 more seconds.

For students who carry and/or self-administer

medications: Authorization by parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian:

See generally Mont. Code Ann. § 20-5-420

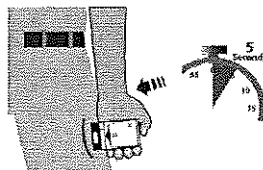
As the parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian of the above named student, I confirm this student has been instructed by his/her healthcare provider on the proper use of this/these medication(s). He/she has demonstrated to me he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used epinephrine during school hours, he/she understands the need to alert the school nurse or other adult at the school who will provide follow-up care, including making a 9-1-1 emergency call.

- I acknowledge the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- I agree to work with the school in establishing a plan for use and storage of any backup medication. This will include a predetermined location to keep backup medication to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency.
- I understand in the event the medication dosage is altered, a new "self-administration form" must be completed, or the health care provider may rewrite the order on his/her prescription pad and I, the parent/caretaker relative/guardian, will sign the new form and assure the new order is attached.
- I understand it is my responsibility to pick up any unused medication at the end of the school year, and any medication not picked up may be disposed of.
- I authorize the school administration to release this information to appropriate school personnel and classroom teachers.

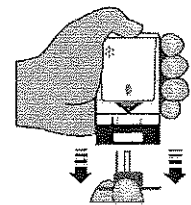
_____ Parent/Caretaker/Guardian SIGNATURE _____ DATE

Auvi-Q™ (Epinephrine Injection USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.



Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.