

# Colorado Allergy and Anaphylaxis Action Plan and Medication Orders

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Place child's  
Photo here

ALLERGY TO: \_\_\_\_\_

History: \_\_\_\_\_

Asthma:  YES (Higher risk for severe reaction)  NO

## ◇ STEP 1: TREATMENT ◇

Give epinephrine immediately if the allergen was definitely ingested, even if no symptoms

**SEVERE SYMPTOMS:** Any of the following:

LUNG: Short of breath, wheeze, repetitive cough  
 HEART: Pale, blue, faint, weak pulse, dizzy,  
 THROAT: Tight, hoarse, trouble breathing/swallowing  
 MOUTH: Significant swelling of the tongue and/or lips  
 SKIN: Many hives over body, widespread redness  
 GUT: Repetitive vomiting, severe diarrhea  
 OTHER: Feeling something bad is about to happen, confusion



1. **INJECT EPINEPHRINE IMMEDIATELY**
  2. Call 911 and activate school emergency response team
  3. Call parent/guardian and school nurse
  4. Monitor student; keep them lying down
  5. Administer Inhaler (quick relief) if ordered
  6. Be prepared to administer 2<sup>nd</sup> dose of epinephrine if needed
- \*Antihistamine & quick relief inhalers are not to be depended upon to treat a severe food related reaction. **USE EPINEPHRINE**

**MILD SYMPTOMS ONLY:**

NOSE: Itchy, runny nose, sneezing  
 SKIN: A few hives, mild itch  
 GUT: Mild nausea/discomfort



1. Alert parent/guardian and school nurse
2. Antihistamines may be given if ordered by a healthcare provider
3. Continue to observe student
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, 2<sup>nd</sup> 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

Provider (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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.
2. Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Emergency contacts: Name/Relationship Phone Number(s)
  - a. \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_
  - b. \_\_\_\_\_ (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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

To be completed by healthcare provider

**TRAINED/DELEGATED STAFF MEMBERS**

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

Self-carry contract on file.  YES  NO Medication located in: \_\_\_\_\_

**EpiPen® and Epipen® Jr.**

Expiration date: \_\_\_\_\_

- Pull off blue activation cap.



- Hold orange tip near outer thigh (through clothing if needed)
- Swing and jab firmly into outer thigh until Auto-injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Auvi-Q 0.3 mg. and 0.15 mg**

Expiration date: \_\_\_\_\_

- Pull the Auvi-Q™ from the outer case.
- Pull off red safety guard.
- Place black end against the middle of the outer thigh (through clothing, if needed), then press firmly, and hold in place for 5 seconds



**Once epinephrine is used, call 911.  
Student should remain lying down or in a comfortable position.**

Additional information: \_\_\_\_\_  
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