

GUERIN CATHOLIC HIGH SCHOOL
15300 Gray Rd., Noblesville, IN 46062

ALLERGY ACTION PLAN

Student's Name: _____ DOB: _____

School: _____ Grade: _____

Parent Contact Information: _____

Emergency Contact Information: _____

Does the student have a **food allergy** that requires the use of Epinephrine? YES ___ NO ___

Does the student have a **non-food allergy** that requires the use of Epinephrine? YES ___ NO ___

What is the student allergic to? (please circle below)

Eggs Peanuts Tree-Nuts (almonds, pecans, walnuts, etc.) Wheat Soy
Dairy Shellfish Other Food(s): _____
Bee/Insect Stings Latex Medication: _____

Additional Allergy Comments:

Does the student have asthma? *YES ___ NO ___ * Higher risk for severe reaction. Complete Asthma Action Plan.

Medications/Doses:

Epi-Pen Regular 0.3mg _____ Epi-Pen JR 0.15mg _____;

Auvi-Q 0.3 mg _____ Auvi-Q 0.15mg _____; Adrenaclick 0.3 mg _____ Adrenaclick 0.15 mg _____;

Benadryl/Diphenhydramine: 12.5mg _____ 25mg _____ 50mg _____

*Please circle the specific symptom(s) on page two that the student may present with in the event of a mild reaction.

IF YOU INJECT EPINEPHRINE, CALL 911 AND PARENTS.

_____ has been trained in the use of the medication(s) above.
He/she may carry and self-administer if needed, for a life-threatening allergic reaction. YES ___ NO ___

Parent/Guardian Signature

Date

Doctor's Signature

Date

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

Nose: Itchy/runny nose, sneezing

Mouth: Itchy mouth

Skin: A few hives, mild itch

Gut: Mild nausea/discomfort

1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN.**
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

FOR ANY OF THE FOLLOWING

SEVERE SYMPTOMS

LUNG: Short of breath, wheezing, 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 or severe diarrhea

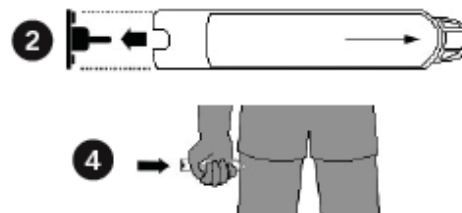
OTHER: Feeling something bad is about to happen, anxiety, confusion.

INJECT EPINEPHRINE IMMEDIATELY THEN CALL 911.

- Consider giving additional medications (following or with the epinephrine):
 - ✓ Antihistamine
 - ✓ Inhaler (bronchodilator) if asthmatic
- Lay the student flat and raise legs. For difficulty breathing or vomiting, let them sit up or lie on their side.
- If symptoms are unimproved, or return, a second dose of epinephrine can be given 5 minutes after the last dose.
- Call parent(s) and if not available, alert emergency contacts.
- **Transport student to ER regardless of current symptomatic status. Symptoms may return. Be sure to send the used injector to the ER with the student.**

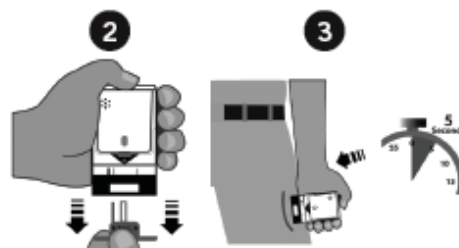
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey 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.

