ANAPHYLAXIS EMERGENCY CARE PLAN

NORTH DAKOTA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SECTION
SFN 193 (Revised 11-2016)

Place Photo Here

Name	Date of Birth
Name of Parent/Guardian	Telephone Number
Name of Emergency Contact	Telephone Number
Name of Medical Provider	Telephone Number

Weight lbs	Asthma ☐ Yes (higher risk of severe reaction) ☐ No

Allergic to the following substance(s)

If student has any of these following **SEVERE** symptoms:

Lung: Shortness of breath, wheezing, repetitive cough
Heart: Pale, blue, faint, weak pulse, dizzy
Throat: Tight, hoarse, trouble breathing, shallow breathing
Mouth: Significant swelling of the tongue or lips
Skin: Numerous hives over body
Gut: Vomiting, severe diarrhea
Other: Anxiety, confusion, feeling that something bad is about to happen

+
1. **INJECT EPINEPHRINE IMMEDIATELY**
2. **Call 911**
3. May need other medications:
   a. Antihistamine
   b. Bronchodilator
4. Lay student flat, raise legs, and keep warm or in position of comfort. If vomiting, turn student to side.
5. If symptoms persist, another dose of epinephrine can be given >5 minutes after previous dose.
6. Call emergency contacts.
7. Student should go to ER even if symptoms resolve.

If student has any of these following **MILD** symptoms:

Nose: Itchy, runny nose, sneezing
Mouth: Itchy mouth
Skin: Few hives, mild itch
Gut: Mild nausea, discomfort

\+ For mild symptoms from more than one system area, give **Epinephrine** and **call 911**.

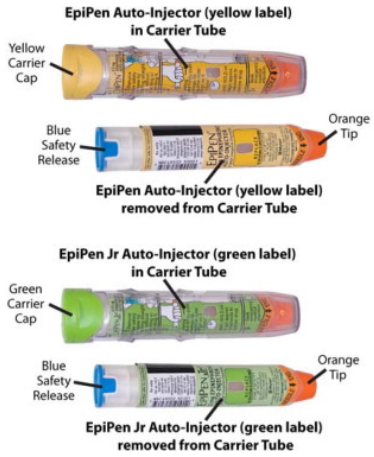
\+ For mild symptoms from ONLY ONE system area:

1. Give **antihistamine**.
2. Stay with student and contact emergency contacts.
3. Watch closely for changes.
4. If symptoms worsen, give Epinephrine and call 911.

Medications and Doses

Epinephrine Brand	Epinepherine Dose (see next page for basic administration instructions) ☐ 0.15 mg IM ☐ 0.3 mg IM
Antihistamine	Antihistamine Dose
Other	

Parent/Guardian Signature	Date
Medical Provider Signature	Date



☐ **Epipen® (Epinephrine) Auto Injector**

Directions:

1. Remove EpiPen from clear carrier tube.
2. Remove the blue safety release by pulling straight up.
3. Use swinging motion and firmly push the orange tip against the middle of the outer thigh.
4. Hold for 3 seconds.
5. Remove the auto injector from the thigh and massage the injection area for 10 seconds.

☐ **Auvi-Q™ (Epinephrine injection, USP)**

Directions:

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

☐ **Adrenaclick® (Epinephrine) Auto Injector**

Directions:

1. Remove from outer case.
2. Pull off gray tip #1 (red tip is now exposed).
3. Pull off gray tip #2.
4. Place red tip against middle outer thigh.
5. Press firmly and hold for 10 seconds.
6. Remove from thigh.

Treat the student before calling emergency contacts.

The first signs of a reaction can be mild, but can worsen quickly.

To download copies of this Action Plan, go to:
http://www.ndhealth.gov/asthma/forms.htm

For additional anaphylaxis information, contact:
North Dakota Department of Health
Division of Family Health
701.328.4532
800.472.2286 (ND only)