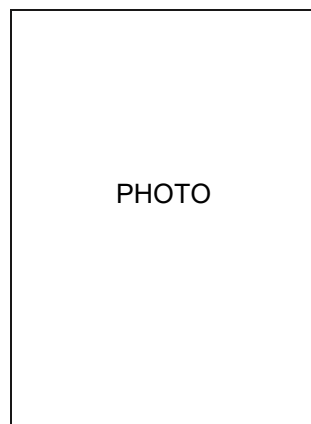


## Individualized anaphylaxis emergency plan - School

This person has a potentially life-threatening allergy (anaphylaxis). Allergen(s):



Allergic to:

**Epinephrine and dose:** ☐ EpiPen Jr® 0.15 mg ☐ EpiPen® 0.30 mg  
☐ Neffy® 2 mg ☐ Other: \_\_\_\_\_

**Location:**

☐ **Asthmatic:** The person is at greater risk. If they are having difficulty breathing during a reaction, give **epinephrine** BEFORE asthma medications.

**ADMINISTER EPINEPHRINE IMMEDIATELY IF:**

**1. Confirmed or suspected contact with an allergen within the last 4 hours  
AND**

**2. Presence of one severe symptom:**  
• **Respiratory** distress  
**OR**  
• **Cardiovascular** involvement (shock)

**OR**

**3. Combination of mild symptoms (at least two of the following symptoms):**  
• Respiratory, cardiovascular, digestive, skin, other

**IF A PERSON IS HAVING AN ANAPHYLACTIC REACTION, act quickly.**

The first signs of a reaction may seem mild, but the symptoms can progress quickly. Early detection of symptoms and immediate treatment could be life saving.

**A person having an anaphylactic reaction might have any of these signs and symptoms:**

| System                                | MILD symptoms                                                 | SEVERE symptoms                                                                                                                                                       |
|---------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Respiratory</b><br>(nose and eyes) | Nose: sneezing, runny nose, itching<br>Eyes: tearing, itching | Shortness of breath, wheezing, persistent cough, throat tightness, hoarse voice, difficulty breathing, difficulty swallowing, significant swelling of the tongue/lips |
| <b>Cardiovascular</b><br>(heart)      | N/A                                                           | Pale skin, bluish skin, weakness, weak pulse, dizziness, loss of consciousness, shock, chest pain, cold sweats, cardiac arrest                                        |
| <b>Digestive system</b>               | Nausea, discomfort                                            | Repeated vomiting, severe diarrhea                                                                                                                                    |
| <b>Skin</b>                           | Mild hives, mild itching                                      | Severe hives all over the body, widespread redness, swelling of the eyelids and/or rest of the face                                                                   |
| <b>Other</b>                          | Headache                                                      | Anxiety, confusion, metallic taste in the mouth, feeling of imminent death                                                                                            |

**If in doubt, administer epinephrine to the student.**

- Administer epinephrine and write down the time.
- Call for help and stay with the student.
- Call 911 and ask for an ambulance (mandatory).**
- If the student is dizzy or uncomfortable, lay them on their back and elevate their legs. If the student is experiencing nausea, vomiting, or difficulty breathing, allow them to sit up or lie on their left side.
- If the symptoms worsen**, administer a second dose of epinephrine as soon as 5 minutes after the first dose. Use a second auto-injector and a different injection site.  
(There is no predetermined maximum number of epinephrine doses that may be administered.)
  - Neffy:** A second dose may be administered in the same nostril using a second nasal spray device as soon as 5 minutes after the first dose.
- If the student's condition does not improve (symptoms still present): give epinephrine every 10 minutes.
- Call the emergency contact person as soon as possible:

|       |       |
|-------|-------|
| Name: | Name: |
| Tel.: | Tel.: |

The undersigned user (age 14 and over), parent, or legal representative authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

Signature of parent, legal representative or student age 14 and over

Date: yyyy/mm/dd