Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name:	D.O.E		Grade:	
School:	Teach	er:		Place child's photo here
ALLERGY TO:				
HISTORY:				
Asthma: Second YES (higher r	isk for severe reaction) – refer to their a STEP 1: TREATME	••••		
			 INJECT EPINEPHRI Call 911 	
LUNG: Short of the THROAT: Tight, how MOUTH: Swelling HEART: Pale, blue SKIN: Many hiv GUT: Vomiting with othe OTHER: Feeling s	S: Any of the following: breath, wheeze, repetitive cough arse, trouble breathing/swallowing of the tongue and/or lips e, faint, weak pulse, dizzy res over body, widespread redness or diarrhea (if severe or combined er symptoms comething bad is about to happen, on, agitation		 Stay with child and Call parent/guard If symptoms don' give second dose instructed below Monitor student; 	pinephrine was given lian and school nurse t improve or worsen e of epi if available as keep them lying down. iculty breathing, put escribed. (see below for medicine in place of
			1. Stay with child and	
SKIN: A few hi	ONLY : nny nose, sneezing ives, mild itch isea/discomfort		 Alert parent and s Give antihistamir If two or more mild syn symptoms progress G and follow directions in 	ne (if prescribed) nptoms present or GIVE EPINEPHRINE
	nject intramuscularly using auto inje prove minutes or more, or symptond nd and dose)	oms return, 2 ^r		ld be given if available
	aler (brand and dose)			
Student has been ins	tructed and is capable of carrying an	d self-admin	istering own medication.	YesNo
Provider (print)			Phone Number:	
Provider's Signature:			Date:	
	♦ STEP 2: EMER	GENCY CA	LLS 🛇	
	iven, call 911. State that an anapl	-	ction has been treated	and additional
• •	ygen, or other medications may b			
	Р			
e ,	-	Phone N		
a		1)	2)	
b		1)	2)	
I give permission for school per contact our health care provide	DO NOT HESITATE TO ADMINIST rsonnel to share this information, follow this er. I assume full responsibility for providing t sonnel from any liability in compliance with t	ER EMERGENO plan, administe he school with	CY MEDICATIONS er medication and care for my prescribed medication and de	child and, if necessary,
Parent/Guardian's Signature	2:		Date:	
School Nurse:			Date:	

DOB:

Staff trained and delegated to administer emergency medications in this plan:

1	Room
2	Room
3	Room
Self-carry contract on file: Yes No	
Expiration date of epinephrine auto injector:	

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.

1.	JVI-Q [™] (EPINEPHRINE INJECTION, USP) DIRECTIONS Remove the outer case of Auvi-Q. This will automatically activate the voice	0 3
	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.	
AD	DRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECT	OR DIRECTIONS
	Pomovo the outer case	
2.	Remove grey caps labeled "1" and "2".	
3.	Place red rounded tip against mid-outer thigh.	19% Ball
4.	Press down hard until needle enters thigh.	
5.	Hold in place for 10 seconds. Remove from thigh.	
EF	PIPEN® AUTO-INJECTOR DIRECTIONS	
EF 1.	PIPEN [®] AUTO-INJECTOR DIRECTIONS Remove the EpiPen Auto-Injector from the clear carrier tube.	
EF 1. 2.	Remove the EpiPen Auto-Injector from the clear carrier tube.	2
1.	Remove the EpiPen Auto-Injector from the clear carrier tube. Remove the blue safety release by pulling straight up without bending or twisting it.	2 ┝━━ →
1. 2.	Remove the EpiPen Auto-Injector from the clear carrier tube. Remove the blue safety release by pulling straight up without bending or twisting it. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.	

Additional information:

Adopted from the Allergy and Anaphylaxis Emergency Plan provided by the American Academy of Pediatrics, 2017