## Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name:	D.O.I	3	_Grade:	
School:	Teac	ner:		Place child's photo here
ALLERGY TO:				prioto riore
HISTORY:				
Asthma: YES (higher risk for sever	re reaction) – refer to their a	·-·-	an 1. INJECT EPINEPHRI	NE IMMEDIATEI V
			2. Call 911	NE IMMEDIATELT
THROAT: Tight, hoarse, trouble MOUTH: Swelling of the tonge HEART: Pale, blue, faint, wea SKIN: Many hives over boo GUT: Vomiting or diarrhea with other symptom	eeze, repetitive cough e breathing/swallowing ue and/or lips ak pulse, dizzy dy, widespread redness a (if severe or combined as bad is about to happen,		<ul> <li>Stay with child and</li> <li>Call parent/guard</li> <li>If symptoms don' give second dose instructed below</li> <li>Monitor student;</li> </ul>	pinephrine was given lian and school nurse t improve or worsen e of epi if available as keep them lying down. culty breathing, put escribed. (see below fo medicine in place of
			1. Stay with child and	
MILD SYMPTOMS ONLY:			<ul> <li>Alert parent and s</li> </ul>	
NOSE: Itchy, runny nose, SKIN: A few hives, mild i			<ul> <li>Give antihistaming</li> <li>If two or more mild sym</li> </ul>	
GUT: Mild nausea/discor			symptoms progress G	SIVE EPINEPHRINE
		<u> </u>	and follow directions in	
<b>DOSAGE:</b> Epinephrine: inject intrar	, .	-	· — · —	<del>-</del>
If symptoms do not improve Antihistamine: (brand and dose				=
Asthma Rescue Inhaler (brand				
Student has been instructed and	•	ıd self-admin	istering own medication.	Yes No
Provider (print)		Phone Number:		
Provider's Signature:	♦ STEP 2: EMER			
1. If epinephrine given, call 9	_		_	and additional
epinephrine, oxygen, or o	•	-		
2. Parent:	<u>-</u>		er:	
3. Emergency contacts: Nam				
a	•		` '	
b		1)		
DO Not be permission for school personnel to shat contact our health care provider. I assume found release the school and personnel from a	full responsibility for providing	plan, administe the school with	er medication and care for my oprescribed medication and del	
Parent/Guardian's Signature:			Date:	
School Nurse:	-		Nate:	

Student Name:	DOB:
Staff trained and delegated to administer emerge	ncy medications in this plan:
I	Room
2	Room
3	Room
elf-carry contract on file: Yes No	
expiration date of epinephrine auto injector:	
Keep the child lying on their back. If the chi	ld vomits or has trouble breathing, place child on his/her side.
<ol> <li>AUVI-Q<sup>TM</sup> (EPINEPHRINE INJECTION, USP) D</li> <li>Remove the outer case of Auvi-Q. This will automatin instructions.</li> <li>Pull off red safety guard.</li> <li>Place black end against mid-outer thigh.</li> <li>Press firmly and hold for 5 seconds.</li> <li>Remove from thigh.</li> </ol>	
ADRENACLICK® (EPINEPHRINE INJECTION, U  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 enters thigh.  5. Hold in place for 10 seconds. Remove from thigh.	USP) AUTO-INJECTOR DIRECTIONS  3
<ol> <li>EPIPEN® AUTO-INJECTOR DIRECTIONS</li> <li>Remove the EpiPen Auto-Injector from the clear card.</li> <li>Remove the blue safety release by pulling straight up twisting it.</li> <li>Swing and firmly push orange tip against mid-outer to the same auto-injector from the thigh and massage that to seconds.</li> </ol>	p without bending or thigh until it 'clicks'. 2, 3).
this conditions warrents meal accomodations from for listrict policy.	od service, please complete the form for dietary disabilitiy if required by

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