

# The Seven Hills School Emergency Action Plan

(Parent & Physician Signature Required)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_.

**Allergic to:**

**Asthma**  Yes (higher risk for severe reaction)

## 1. TREATMENT (Completed by Physician)

### Symptoms

- |   |   |
|---|---|
| If a food allergen has been ingested, but no symptoms                       | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| Mouth – itching & swelling of the lips, tongue & mouth                      | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| *Throat – itching, sense of tightness, hoarseness, excess sneezing or cough | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| Skin – hives, itchy rash, and/or swelling about the face or extremities     | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| Gut – nausea, abdominal cramps, vomiting and/or diarrhea                    | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| *Lung - shortness of breath, repetitive coughing and/or wheezing            | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| *Heart – “thread” pulse, “passing out”, pale, blueness                      | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| Other _____   | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| If reaction is progressing (several of the areas above affected), give      | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |

**The severity of symptoms can change quickly. \*All above symptoms can potentially progress to a life-threatening situation.**

### Dosage

**Epinephrine Auto-injector** (Brand & dose) \_\_\_\_\_

Storage location (completed by school) \_\_\_\_\_

**Antihistamine:** give \_\_\_\_\_

**Other:** give \_\_\_\_\_

**Important:** Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

(This form must be signed by both the parent and physician)

OVER 

## 2. EMERGENCY CALL

1. Call 911. State that allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ Phone Number \_\_\_\_\_
3. Parent \_\_\_\_\_ Phone Number \_\_\_\_\_
4. Emergency Contacts (Names/phone numbers):
  - a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_
  - b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

### **DO NOT HESITATE TO ADMINISTER MEDICATION & CALL RESCUE SQUAD!**

I have read this emergency plan and am in agreement with it for implementation in the school should the need arise. I waive any claims I might have against The Seven Hills School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the implementation or attempts at implementation of this plan.

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Date)

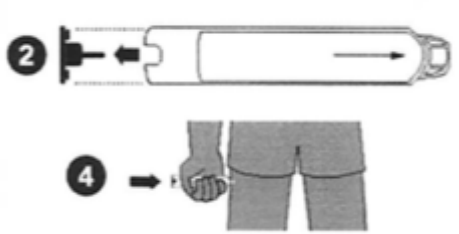
\_\_\_\_\_  
(Doctor's signature)

\_\_\_\_\_  
(Date)

Distribution: As deemed necessary by The Seven Hills School

#### EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

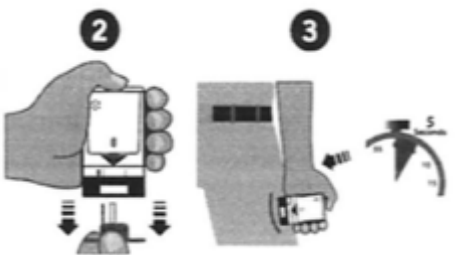
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



The diagram shows two steps: Step 2, pulling the blue safety cap off the auto-injector, and Step 4, holding the auto-injector against the mid-outer thigh.

#### 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.



The diagram shows three steps: Step 2, pulling off the red safety guard; Step 3, holding the Auvi-Q against the thigh; and Step 4, pressing the device against the thigh.

*\*\*This form is adapted from the Food Allergy Action Plan from The Food Allergy & Anaphylaxis Network.*