





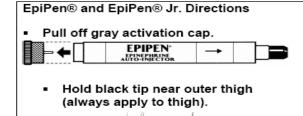
## ACTION PLAN FOR ANAPHYLAXIS

Λ	CHONTLANT				
Patient's Name		Date of Birth	Expiration Date for Medication Plan		
Health Care Provider		Provider's Phone Number			
Responsible Person (i.e., parent/guardian)		Phone Number			
Emergency Contacts	Home Telephone Number	Work Number	Cellular Number		
1.					
2.					
Patient's known allergies:					
WATCI	H FOR SIGNS AND S	YMPTOMS OF ANAPHY	LAXIS		
Medication:  To prevent anaphylaxis shock administer a one-time injection in thigh or specify other location.  EpiPen Jr. (0.15 mg)  EpiPen (0.3 mg)  Other		<ul> <li>Only a few signs and symptoms may be present. Severity of symptoms can change quickly. Some symptoms can be life threatening:</li> <li>Rash (especially hives) with redness and swelling (especially on face, lips and tongue)</li> <li>Shortness of breath, cough, wheeze</li> <li>Difficulty talking and/or hoarse voice</li> <li>Abdominal pain, vomiting, diarrhea</li> <li>Loss of consciousness</li> </ul>			
ACT QUICKLY !!!!!					
1. Form fist around EpiPen* and pull off grey cap.  2. Place black end against cuter mid-thigh.	4. Remove a EpiPer® and be careful not to touch the needle. Massage the	. Locate EpiPen (epine) . Oversee or assist child thigh using medication	in injecting the epinephrine in		
SCHOOL MEDICATION CONSENT AND	D PROVIDER ORDER FOR	CHILDREN AND YOUTH:			
Healthcare Provider's InitialsThis student was trained and is caThis student is not approved to se	injectable epinephrine pen.	This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the			

Healthcare Provider's Initials This student was trained and is capable to self-administer with the auto injectable epinephrine pen. This student is not approved to self-medicate.		This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and do not necessarily represent the
Health Care Provider's Signature	Date	official views of the CDC.
$\square$ As the Responsible Person, I hereby authorize a trained school em	Permission to Reproduce Blank Form	
☐ As the Responsible Person, I hereby authorize this student to poss	ess and self-administer medication.	GOVERNMENT OF THE DISTRICT OF COLUMBIA
$\square$ As the Responsible Person I understand this student is not authorized.	D <del>\$</del> H	
As the Responsible Person, I agree that the school and its employees against any claims that may arise relating to the administration, super		
Responsible Person's Signature	Date	DEPARTMENT OF HEALTH

FEBRUARY 2008 PATIENT COPY

## **EPINEPHRINE INSTRUCTIONS**



Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:

 Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



## **EPIPEN MISTAKES**

The BLACK TIP CONTAINS THE NEEDLE and needs to be placed against the mid-thigh.

Holding the wrong end and injecting the thumb is PAINFUL and will not treat the allergic reaction.



The EpiPen will NOT work unless the gray cap is removed, no matter how hard you push



DO <u>NOT</u> PRESS THE WHITE END of the EpiPen. There is <u>not</u> a "button" on the white end.



DO NOT BOUNCE the pen when pushing into the thigh: It must stay in for <u>10 seconds</u> for the medicine to get into the body.

