

Excellence in Academic Achievement

Carrizo Springs Consolidated Independent School District

Anaphylaxis Emergency Action Plan

STUDENT NAME: _____ D.O.B. _____ Student ID: _____

Allergies to: _____

Asthma: ___ Yes (high risk for severe reaction) ___ No

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

Symptoms of Anaphylaxis:

MOUTH: itching, swelling of lips and/or tongue
THROAT: itching, tightness/closure, hoarseness
SKIN: itching, hives, redness, swelling
GUT: vomiting, diarrhea, cramps
LUNG: shortness of breath, cough, wheeze
HEART: weak pulse, dizziness, passing out

**Only a few symptoms may be present. Severity of symptoms can change quickly.
*Some symptoms can be life-threatening. ACT FAST!**

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- | | |
|--|---|
| <input type="checkbox"/> Adrenallick (0.15 mg) | <input type="checkbox"/> Adrenallick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg) | <input type="checkbox"/> Auvi-Q (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15 mg) | <input type="checkbox"/> EpiPen (0.3 mg) |

Epinephrine Injection, USP Auto-injector- authorized generic

- | | |
|--|---|
| <input type="checkbox"/> (0.15 mg) | <input type="checkbox"/> (0.3 mg) |
| <input type="checkbox"/> Other (0.15 mg) | <input type="checkbox"/> Other (0.3 mg) |

Specify others: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDEN ON IN ANAPHYLAXIS.

2. Call 911 (before calling contact)
3. Emergency contact #1: Phone/cell #: _____ Work #: _____
4. Emergency contact #2: Phone/cell #: _____ Work #: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

Physician Name: _____ Physician Signature: _____ Date: _____