

# FOOD ALLERGY EMERGENCY ACTION PLAN (EAP) FORM

This coversheet is **ONLY** for the <u>form and student listed above</u> and **MUST BE RECEIVED** for processing.



## **DO NOT** use staples or paperclips!



Please print and complete this form then submit all pages including this coversheet via:

FAX		MAIL	
(877) 447-9530	-OR-	Magnus Health Does Not	
Outside of the United States? Please fax to (978) 244-8894		Accept Mailed Forms	



### FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

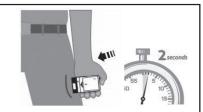
Name:	D.O.B.:	PLACE
Allergy to:		PICTURE HERE
Weight:Ibs. Asthma:   Yes (higher risk for a severe re	action) 🗆 No	
NOTE: Do not depend on antihistamines or inhalers (bronchodilate	ors) to treat a severe reaction. USE EPINEPHR	INE.
Extremely reactive to the following allergens:  THEREFORE:  ☐ If checked, give epinephrine immediately if the allergen was LIKELY or	eaten, for ANY symptoms.	rent.
FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS	MILD SYMPTOI	WS
LUNG Shortness of breath, wheezing, repetitive cough Shortness of breath, wheezing, repetitive cough Shortness of breath, wheezing, repetitive cough Shortness  HEART Pale or bluish skin, faintness, weak pulse, dizziness Weak pulse, dizziness Significant swelling of the tongue or lips Significant swelling or swallowing	NOSE MOUTH SKIN Itchy or Itchy mouth A few hives mild itch sneezing  FOR MILD SYMPTOMS FROM MOR SYSTEM AREA, GIVE EPINEP	nausea or discomfort
SKIN Many hives over body, widespread redness  1. INJECT EPINEPHRINE IMMEDIATELY.  OR A COMBINATION of symptoms from different body areas.  something bad is about to happen, anxiety, confusion	FOR MILD SYMPTOMS FROM A SIN AREA, FOLLOW THE DIRECTION  1. Antihistamines may be given, if orchealthcare provider.  2. Stay with the person; alert emerger  3. Watch closely for changes. If symposize epinephrine.	S BELOW: dered by a
<ol> <li>Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.</li> <li>Consider giving additional medications following epinephrine:         <ul> <li>Antihistamine</li> <li>Inhaler (bronchodilator) if wheezing</li> </ul> </li> <li>Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.</li> <li>If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.</li> <li>Alert emergency contacts.</li> <li>Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.</li> </ol>	MEDICATIONS/DO  Epinephrine Brand or Generic:  Epinephrine Dose: □ 0.1 mg IM □ 0.15 mg  Antihistamine Brand or Generic:  Antihistamine Dose:  Other (e.g., inhaler-bronchodilator if wheezing):	IM



### FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

#### HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

- 1. Remove Auvi-Q from the outer case.
- 2. Pull off red safety guard.
- 3. Place black end of Auvi-Q against the middle of the outer thigh.
- 4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
- 5. Call 911 and get emergency medical help right away.



#### HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

- 1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
- 2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
- 3. With your other hand, remove the blue safety release by pulling straight up.
- 4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
- 5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds.
- 7. Call 911 and get emergency medical help right away.

#### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP **AUTO-INJECTOR, IMPAX LABORATORIES**

- 1. Remove epinephrine auto-injector from its protective carrying case.
- 2. Pull off both blue end caps: you will now see a red tip.
- 3. Grasp the auto-injector in your fist with the red tip pointing downward.
- 4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
- 5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- 6. Remove and massage the area for 10 seconds.
- 7. Call 911 and get emergency medical help right away.

#### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL **INDUSTRIES**

- 1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. 2.
- 3. With your other hand, pull off the blue safety release.
- 4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
- 5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
- 6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 7. Remove and massage the injection area for 10 seconds.
- Call 911 and get emergency medical help right away.

#### **ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911		OTHER EMERGENCY CONTACTS	
RESCUE SQUAD:		NAME/RELATIONSHIP:	_ PHONE:
DOCTOR:	_ PHONE:	NAME/RELATIONSHIP:	_ PHONE:
PARENT/GUARDIAN:	_ PHONE:	NAME/RELATIONSHIP:	_ PHONE: