

Epipen Emergency Health Care Plan

Allergy To: _____

Student's Name: _____ **D.O.B:** _____

Asthmatic: Yes No

◆ Signs of an Allergic Reaction ◆

Systems:

Symptoms:

Mouth	itching and swelling of the lips, tongue, or mouth
Throat*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash, and/or swelling about the face or extremities
Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
Lung*	Shortness of breath, repetitive coughing, and/or wheezing
Heart*	“thready” pulse, “passing out”

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

◆ Action for Minor Reaction ◆

If only Symptom(s) are: _____, give _____
medication/dose/route

Then call:

1. Mother _____, Father _____ or emergency contacts.
2. Dr. _____ at _____.

If condition does not improve within, follow steps 1-3 below.

◆ Action for Major Reaction ◆

If ingestion is suspected and/or symptom(s) are: _____

Give _____ **IMMEDIATELY!**
medication/dose/route

Then call:

1. Rescue Squad (ask for advance life support)
2. Mother _____, Father _____ or emergency contacts.
3. Dr. _____ at _____

Do Not Hesitate to call 911!

Parent's Signature

Date

Doctor's Signature

Date

Epipen Emergency Health Care Plan (page2)

Emergency Contacts	Trained Staff Members
1. _____ Relation: _____ Phone: _____	1. _____ Rm _____
2. _____ Relation: _____ Phone: _____	2. _____ Rm _____
3. _____ Relation: _____ Phone: _____	3. _____ Rm _____

Epipen and Epipen Jr. Directions

- 1. Pull off gray safety cap**
- 2. Place black tip on outer thigh (always apply to thigh)**
- 3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The Epipen unit should then be removed and discarded. Massage the injection area for 10 seconds.**