

# NEW MEXICO FOOD/INSECT ALLERGY EMERGENCY CARE PLAN

CONFIDENTIAL INFORMATION

Date \_\_\_\_\_

Student Picture

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ALLERGY to \_\_\_\_\_

## History of Asthma?

Yes (higher risk for reaction)

No

This student is **SEVERLY ALLERGIC** to \_\_\_\_\_

Give epinephrine immediately for **ANY** symptoms (mild/severe) if the allergen was likely eaten or give immediately even if NO symptoms if the allergen was definitely eaten.

## FOR ANY SEVERE SYMPTOMS BELOW GIVE EPINEPHRINE:

LUNG: Short of breath, wheezing, repetitive cough

HEART: Pale, blue, weak pulse, dizzy

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Significant swelling of tongue/lips

SKIN: Many hives over body, widespread redness

GUT: Repetitive vomiting, severe diarrhea

OTHER: Feeling something bad is about to happen, anxiety, confusion

**OR**

A combination of mild symptoms from different body areas.

**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **USE EPINEPHRINE FIRST.**

*If in doubt give epinephrine!*

## For MILD SYMPTOMS

Mouth: Itchy mouth

Skin: A few hives, mild itch

Nose: Itchy/runny nose, sneezing

Gut: Mild nausea/discomfort

## 1. INJECT EPINEPHRINE IMMEDIATELY (note time):

**Epinephrine Brand:** Epi Pen Auvi Q  
Adrenaclick

**Epinephrine Dose:** 0.15 mg IM 0.3 mg IM

- 2. Call 911.** Request ambulance with epinephrine.
- 3. Don't hang up and do not leave the student.**
- 4. Give additional medications** (followed or with the epinephrine)
  - Antihistamine \_\_\_\_\_ mg by mouth
  - Other: \_\_\_\_\_
- 5. Lay the student flat and raise legs.** If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- 6. If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.**
- 7. Alert parents and/or emergency contacts.**
- 8. Transport student to ER even if symptoms resolve.** Student should remain in ER for 4+ hours because symptoms may return.
- 9. Notify the school nurse and student's physician.**

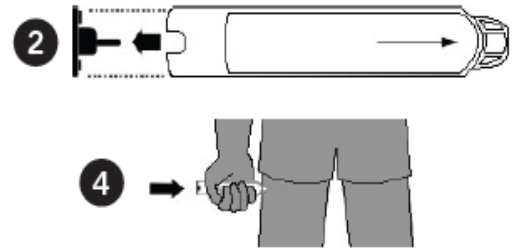
## 1. GIVE ANTIHISTAMINE:

- \_\_\_\_\_ mg by mouth.
2. Stay with student; alert emergency contacts.
  3. **Watch student closely for changes.**
    - **If symptoms worsen, GIVE EPINEPHRINE (see above).**
    - For mild symptoms from more than one body area GIVE EPINEPHRINE (see above).
  4. Notify school nurse.

School Nurse \_\_\_\_\_ School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

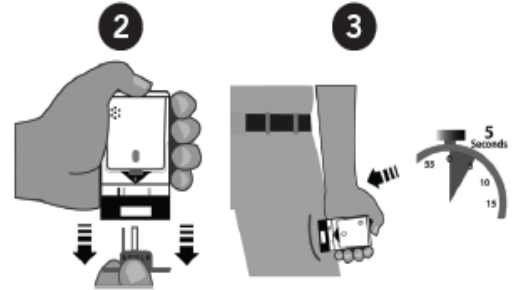
### EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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.



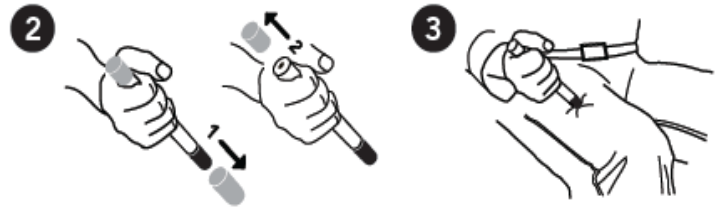
### AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

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.



### ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



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

### TRAINED STAFF

1. \_\_\_\_\_ ROOM \_\_\_\_\_

2. \_\_\_\_\_ ROOM \_\_\_\_\_

3. \_\_\_\_\_ ROOM \_\_\_\_\_