



Student: _____ School Year: _____
Individualized Healthcare Plan (IHP) for SEVERE Anaphylaxis/ ALLERGY (Secondary)

_____ School

SCHOOL YEAR: _____

SCHOOL MANAGEMENT PLAN - SEVERE ALLERGY TO: _____

Student also has ASTHMA? YES NO

(optional)

(optional)

SECTION II -Nurse Check or Circle all that apply (Please Print)

IF YOU SEE THIS...	DO THIS...
Contact with or ingestion of allergen with no symptoms	1. Administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication: _____ Medication dosage: _____ 2. Call parent or emergency contact 3. Observe student for ___ minutes before return to class 4. Recheck student in 1 hour.
Symptoms of mild or early allergic reaction: <ul style="list-style-type: none"> • Itching • Hives • No Respiratory Distress 	1. Administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication: _____ Medication Dosage: _____ 2. Other: _____ Medication _____ Dose _____
•	3.
Symptoms of severe allergic reaction: <ul style="list-style-type: none"> • Mouth tingling • • Respiratory distress: cough, wheeze, stridor • Weak pulse, low BP, pallor • Abdominal cramps, nausea 	Administer Epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Epipen: <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg <input type="checkbox"/> Twinject: <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg Other: _____ Follow instructions for administration as illustrated on box. <ol style="list-style-type: none"> 1. Call 9-1-1 2. Call parent/emergency contact 3. Remain with student until EMS personnel arrive 4. Give used autoinjector, to EMS personnel, if administered

* ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION SIGNED BY THE PRESCRIBER

If student "self-carries" and "self-administers" medication, may a "back up" dose be kept with school nurse? Yes No

I UNDERSTAND AND AGREE WITH THIS MANAGEMENT PLAN:

/

FOR SCHOOL NURSE USE ONLY

Medication	Self Carry?	Self Administer?	Expiration	Location of Medication

Notes /Special Instruction _____



Alabama State Department of Education



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Check all that apply:

Student is allergic to (please list):	
MEDICATION(S) AT SCHOOL:	POTENTIAL SIDE EFFECTS: (Notify school nurse)
<input type="checkbox"/> Epinephrine Auto-injector: <input type="checkbox"/> Carried On-Person? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Oral Antihistamine (name): Carried On-Person? <input type="checkbox"/> YES <input type="checkbox"/> NO Other meds at school :	Rapid heart rate
MEDICATION(S) AT HOME:	POTENTIAL SIDE EFFECTS: (Notify school nurse)
CLASSROOM:	PHYSICAL EDUCATION:
<input type="checkbox"/> Inform all parents classroom is "allergy aware" listing all known allergens (sign outside classroom door, newsletters, etc.) <input type="checkbox"/> Instruct students to wash hands w/soap & running water before & after meals/snacks <input type="checkbox"/> Adult to wipe down tables/desks after meals & snacks, using household cleaning wipe <input type="checkbox"/> Avoid learning activities that include allergens <input type="checkbox"/> Contact School Nurse immediately if student develops symptoms of severe allergy per Emergency Action Plan on previous page Classroom Snacks: (STUDENTS ARE NOT TO SHARE FOOD DURING MEALS OR SNACKS) <input type="checkbox"/> Student will bring own <input type="checkbox"/> Student will select from allergen-free options in classroom supply	<input type="checkbox"/> Avoid contact with balls and other equipment that contain latex <input type="checkbox"/> Remain alert for stinging insect nests/mounds & notify Plant Manager immediately if nests discovered. Keep students away from area. <input type="checkbox"/> Contact School Nurse immediately if student develops symptoms of severe allergy per Emergency Action Plan on previous page <input type="checkbox"/> Other:
FIELD TRIPS:	BUS TRANSPORTATION:
<input type="checkbox"/> Hand wipes to be used before & after meals or snacks if no soap & water available on trip If student IS authorized to self-carry and self-administer allergy medications: <input type="checkbox"/> Student will keep meds on person at all times <input type="checkbox"/> Student will notify teacher immediately if is exposed to allergen &/or develops symptoms <input type="checkbox"/> Teacher to assist student as necessary, call 9-1-1 and then contact parent If student IS NOT authorized to self-carry & self-administer allergy medications:	<input type="checkbox"/> Driver will wipe down student's assigned bus seat before & after route If student IS authorized to self-carry and self-administer allergy medications: <input type="checkbox"/> Student will keep meds on person at all times <input type="checkbox"/> Student will notify driver if exposed to allergen &/or develops symptoms <input type="checkbox"/> Driver will assist student as necessary and procedure for activating EMS & parent If student IS NOT authorized to self-carry & self-administer allergy medications:
<input type="checkbox"/> Nurse or Medication Assistant will accompany trip with medication & orders on person <input type="checkbox"/> Student will have ready access to Nurse or Medication Assistant for duration of trip EMERGENCY DRILLS AND SCHOOL CRISIS EVENTS <input type="checkbox"/> School Nurse will secure med cart & orders in accordance with school safety plan <input type="checkbox"/> In event of building evacuation, School Nurse or Med Asst will evacuate w/med cart & orders <input type="checkbox"/> If so authorized, student will keep meds on person for duration of drill or crisis event <input type="checkbox"/> Student requires assistance during building evacuation? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes", describe:	OTHER: After School Care:



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EMERGENCY ACTION PLAN

SIGNS AND SYMPTOMS	ACTION	EPI - PEN
Rapid Onset	Call 911	Remove safety cap
Sweating		Place tip on lateral thigh
Weakness		Press hard into thigh
Shallow Respirations		Hold for 10 seconds
Wheezing		Remove injector and massage site for 10 seconds
Itching/Hives		Call 911
Tingling of mouth, face, & throat		(Give Used EpiPen to EMS)
Feels throat is closing		
Loss of Consciousness		

Anaphylaxis is a rare, life-threatening allergy to certain substances such as foods, bee stings, chemicals and medications. It occurs rapidly and can close off the breathing passages. **Exposure to this substance should be avoided, including skin contact, at all times!**

Notes/Special
Instruction: _____

How to use an EPIPEN[®] (epinephrine injection, USP) Auto-Injector

EPIPEN[®]

EPIPEN^{JR}[®]

(epinephrine injection, USP) Auto-Injectors 0.3/0.15mg

When receiving an EPIPEN or EPIPEN JR[®] Auto-Injector and before you need to use your Auto-Injector, remove the Auto-Injector from the protective case and check to make sure the blue safety top is not raised.

If the blue safety top is raised, the Auto-Injector should not be used because the device could activate by accident. Do not try to push the blue safety top back down. Put the Auto-Injector back in the protective case and replace it with a new EPIPEN or EPIPEN JR Auto-Injector.

Examine the liquid in the medicine viewing window or your EPIPEN or EPIPEN JR Auto-Injector.

Do not use the medicine if it is discolored (pinkish or brown color) or if the medicine has particles floating in it.

1 PREPARE

Remove the Auto-Injector from the protective case.

Flip open the yellow cap of your EPIPEN or the green cap of your EPIPEN JR protective case. Tip and slide the Auto-Injector out of the protective case.

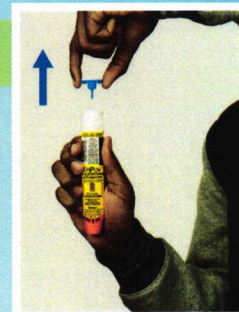
Hold the Auto-Injector with one hand and with the orange end pointing downward.

BLUE TO THE SKY, ORANGE TO THE THIGH[®].

With your other hand, remove the blue safety top by pulling straight up and away.

Do not flip the blue safety top off using a thumb or by pulling it sideways or bending and twisting. This may cause the device to accidentally activate.

The blue safety top is a small part that may become a choking hazard for children, therefore it should be thrown away immediately after using EPIPEN or EPIPEN JR.



NEVER-SEE-NEEDLE[®] helps protect against needle exposure before and after use.

NOTE:

- The needle comes out of the orange end.
- To avoid an accidental injection, never put your thumb, fingers or hand over the orange end. If an accidental injection happens, get emergency medical help right away.
- A device that has been activated by accident cannot be used for a patient in an emergency.

2 ADMINISTER

If you are administering to a young child, hold the leg firmly in place while administering an injection.

Place the orange end against the middle of the outer thigh (upper leg).

Push the Auto-Injector firmly (through clothing if necessary) until you hear a "Pop" sound. The "Pop" sound signals that the injection has started.

Push down hard against the leg and hold firmly in place for 3 seconds (count slowly 1, 2, 3).

Lift the Auto-Injector straight out from the thigh. The orange end will extend to cover the needle. If the needle is still visible, do not reuse it.



Not actual patient

3 GET EMERGENCY MEDICAL HELP RIGHT AWAY

After injecting EPIPEN or EPIPEN JR, get emergency medical help right away. You can use a second EPIPEN or EPIPEN JR Auto-Injector if symptoms continue or come back. Take your used Auto-Injector to your healthcare provider.

IMPORTANT SAFETY INFORMATION (the following information applies to both EPIPEN and its Authorized Generic)

EPIPEN[®] (epinephrine injection, USP) 0.3 mg and EPIPEN JR[®] (epinephrine injection, USP) 0.15 mg Auto-Injectors are used to treat allergic emergencies (anaphylaxis). Anaphylaxis can be life threatening and happen within minutes. If untreated, anaphylaxis can cause death. This allergic emergency can be caused by stinging and biting insects, allergy injections, foods, medicines, exercise, or unknown causes.

Always carry 2 EPIPEN or 2 EPIPEN JR Auto-Injectors with you because sometimes a single dose of epinephrine may not be enough to treat a serious allergic reaction before seeking medical care.

When you have an allergic emergency (anaphylaxis), use EPIPEN or EPIPEN JR Auto-Injectors right away. Get emergency medical help right away even if you have used the EPIPEN or EPIPEN JR Auto-Injector. You can use a second EPIPEN or EPIPEN JR Auto-Injector if symptoms continue or if the first Auto-Injector is activated. If you need more than 2 doses for an allergic emergency, they must be given by a healthcare provider.

Please see additional Important Safety Information and Indications on the back.

[Click here for Full Prescribing Information and Patient Information, including Instructions for Use.](#)



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