

ALLERGY EMERGENCY ACTION PLAN
PLAN DE ACCIÓN EN CASO DE EMERGENCIA POR ALERGIAS

(Medically Confidential Material)
(Información médica confidencial)

Place Student's
 Picture Here

PLEASE PRINT: *Escriba en letra de molde:*

Student Name: _____ Date of Birth: _____
Nombre del alumno: _____ *Fecha de nacimiento:* _____
 Teacher Name: _____ Grade: _____
Nombre del maestro: _____ *Grado:* _____

ATTACH COPY OF STUDENT EMERGENCY CARD FOR ADDITIONAL INFORMATION
PARA MAYOR INFORMACIÓN, ADJUNTE UNA COPIA DE LA TARJETA DE EMERGENCIA DEL ALUMNO

ALLERGY: *an acquired hypersensitivity to a substance that does not normally cause a reaction.*
ALERGIA: Es una hipersensibilidad adquirida a una sustancia que normalmente no causa una reacción.

Identify your child's allergen (specific foods, plants, grasses, insect stings/bites): _____
Identifique el alergeno de su hijo(a) (alimentos específicos, plantas, césped, picaduras/mordeduras de insectos):

Does your child have asthma/RAD? Yes *Sí* * No **NOTE:** * represents a high risk for severe reaction.
¿ Su niño tiene asma?/RAD (Enfermedad reactiva de las vías respiratorias) **NOTA:** * representa un alto riesgo de reacción grave.

Signs and symptoms associated with your child's allergic reaction: (Circle all that apply)
Signos y síntomas asociados con la reacción alérgica de su hijo(a): (Marque con un círculo todo lo que corresponda)

- **Mouth** Itching, tingling, or swelling of lips, tongue, mouth • *Boca* *Picazón, hormigueo o inflamación de los labios, lengua, boca*
- **Skin** Hives, itchy rash, swelling of the face or extremities • *Piel* *Urticaria, brote con picazón, inflamación de la cara o extremidades*
- **Stomach** Nausea, abdominal cramps, vomiting, diarrhea • *Estómago* *Náusea, cólicos abdominales, vómito, diarrea*
- **Throat **** Tightening of throat, hoarseness, hacking cough • *Garganta*** *Siente que se le cierra la garganta, ronquera, tos seca*
- **Lung **** Shortness of breath, repetitive coughing, wheezing • *Pulmones*** *Dificultad para respirar, tos continua, jadeo*
- **Heart **** Thready pulse, low blood pressure, fainting, pale, blueness • *Corazón*** *Pulso débil, presión arterial baja, desmayo, se pone pálido, morado o azul*

NOTE: The severity of symptoms can quickly change. ** Symptoms can potentially progress to a life-threatening situation.
*NOTA: La gravedad de los síntomas puede cambiar rápidamente. ** Los síntomas pueden potencialmente progresar a una situación que ponga la vida en peligro.*

Procedure for allergic reaction: *Procedimientos a seguir en presencia de una reacción alérgica:*

1. If an ALLERGIC REACTION is suspected, administer the following immediately!
Si se sospecha una REACCIÓN ALÉRGICA, inmediatamente administre lo siguiente:

	<i>MEDICATION</i> <i>Medicamento</i>	<i>DOSAGE</i> <i>Dosis</i>	<i>ROUTE</i> <i>Vía</i>
Ingestion: <i>Ingestión:</i>	_____	_____	_____
Contact: <i>Contacto:</i>	_____	_____	_____
Insect Sting/Bite: <i>Picadura/mordedura de insecto:</i>	_____	_____	_____

2. **CALL: RESCUE SQUAD (911) and notify that the call is being made for an allergic reaction.**
LLAMAR AL SISTEMA MÉDICO DE EMERGENCIA (911) e informarles que la llamada se hace por motivo de una reacción alérgica.

3. **CALL: Mother Phone: _____ Father Phone: _____ Or An Emergency Contact**
LLAMAR Teléfono Madre: _____ Teléfono Padre: _____ O a una persona de contacto en emergencias

Emergency contacts: *Personas de contacto en emergencias:*

	<i>NAME</i> <i>Nombre</i>	<i>RELATIONSHIP</i> <i>Relación</i>	<i>PHONE</i> <i>Teléfono</i>
1)	_____	_____	_____
2)	_____	_____	_____

4. **CALL: Physician _____ Phone _____**
LLAMAR Médico _____ Teléfono _____

EMERGENCY MEDICATIONS: *MEDICAMENTOS DE EMERGENCIA:*

As indicated by the initials in the box to the left, the parent/guardian shall provide the school nurse with medication for this condition to be administered PRN (on an as needed basis).

Como lo indican las iniciales en el cuadro de la izquierda, uno de los padres/ tutor legal proporcionará a la enfermera escolar el medicamento para esta afección, para ser administrado cuando sea necesario (PRN).

- EpiPen® • Auvi-Q™ • Benadryl • Any other medication or equipment/supplies student requires
- Cualquier otro medicamento o equipo/materiales que requiera el alumno*

Could this physical impairment substantially limit a major life activity?

No Yes *Sf**

¿Este trastorno físico podría limitar considerablemente una actividad fundamental de la vida?

Special instructions from physician (if needed):

Instrucciones especiales del médico (si se necesitan): _____

Release of Information:

The undersigned parent/guardian authorizes the release and/or exchange of medical information between the school nurse and my child's physician named above as it relates to this medical condition. I further authorize the school nurse to distribute copies of this document in accordance with the distribution list below to ensure the safe and proper care of my child while being transported to and from school as well as during school hours. I understand that professional staff will use the medical information given or received and that this information will not be released to any other party not designated herein.

Dar a conocer información:

El padre de familia/ tutor legal abajo firmante autoriza a comunicar y/ o intercambiar información médica entre la enfermera escolar y el médico de mi hijo(a) indicado arriba, en lo relacionado a esta afección médica. También autoriza a la enfermera escolar a que distribuya copias de este documento de acuerdo a la lista de abajo, para garantizar el cuidado seguro y apropiado de mi hijo(a) mientras sea transportado(a) a la escuela y desde ella, lo mismo que durante horas de clase. Entiendo que el personal profesional usará la información médica dada o recibida y que esta información no será dada a ninguna otra persona o grupo que no esté designado en este documento.

Parent/Guardian Signature
Firma de un padre de familia/ tutor legal

Date
Fecha

EpiPen® or EpiPen® Jr

DIRECTIONS FOR USE

- REMOVE AUTO-INJECTOR FROM CARRIER TUBE BEFORE USE.
- NEVER PUT THUMB, FINGERS OR HAND OVER ORANGE TIP.
- NEVER PRESS OR PUSH ORANGE TIP WITH THUMB, FINGERS OR HAND.
- THE NEEDLE COMES OUT OF ORANGE TIP.
- DO NOT REMOVE BLUE SAFETY RELEASE UNTIL READY TO USE.
- DO NOT USE IF SOLUTION IS DISCOLORED.
- DO NOT PLACE PATIENT INSERT OR ANY OTHER FOREIGN OBJECTS IN CARRIER WITH AUTO-INJECTOR, AS THIS MAY PREVENT YOU FROM REMOVING THE AUTO-INJECTOR FOR USE.



TO REMOVE AUTO-INJECTOR FROM THE CARRIER TUBE:



1. Flip open the yellow cap of the EpiPen® or the green cap of the EpiPen® Jr Auto-Injector carrier tube.



2. Remove the EpiPen® or EpiPen® Jr Auto-Injector by tipping and sliding it out of the carrier tube.

TO USE AUTO-INJECTOR:

1. Grasp unit with the orange tip pointing downward.
2. Form fist around the unit (orange tip down).



3. With your other hand, pull off the blue safety release.

4. Hold orange tip near outer thigh.

DO NOT INJECT INTO BUTTOCK.

5. Swing and firmly push against outer thigh until it clicks so that unit is perpendicular (at 90° angle) to the thigh.

(Auto-injector is designed to work through clothing.)

6. Hold firmly against thigh for approximately 10 seconds to deliver drug. (The injection is now complete. The window on auto-injector will be obscured.)



7. Remove unit from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.

8. Call 911 and seek immediate medical attention.

9. Take the used auto-injector with you to the hospital emergency room.

Auvi-Q™

DIRECTIONS FOR USE

1. Pull Auvi-Q™ from the outer case



Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.

2. Pull off Red safety guard



To avoid an accidental injection, never touch the black base of the auto-injector. If an accidental injection does occur, seek medical help immediately.
NOTE: The safety guard is meant to be tight. Pull firmly to remove.

3. Place black end against the middle of the outer thigh (through clothing, if necessary), then press firmly and hold in place for 5 seconds. Each device is a single-use injection.



Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location. Note: Auvi-Q™ makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q™ is working correctly. Do not pull Auvi-Q™ away from your leg when you hear the click and hiss sound.

4. Seek medical attention immediately

Replace the outer case and take your used Auvi-Q™ with you to a healthcare professional for proper disposal and a prescription refill.

AFTER using Auvi-Q™
Seek medical attention immediately.

Once EpiPen®, EpiPen® Jr or Auvi-Q™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.