

Ministry Allergy Action Plan

General Information

Child's Name: _____ Age: _____ DOB: _____ M / F

Parent/Guardian: _____ Cell: _____

To be completed by a Licensed Healthcare Provider

Allergy to: _____

History of anaphylaxis: **Yes / No** Has Asthma: **Yes / No**

(If yes, higher chance of severe reaction)

Epinephrine dosage: _____

Antihistamine dosage: _____

Severe Reaction

If showing any of the following **SEVERE** symptoms give epinephrine and call 911:

- Shortness of breath, wheezing, or coughing
- Trouble breathing or swallowing
- Tight throat
- Swelling of lips or tongue
- Skin color pale or bluish
- Weak pulse, feeling faint/dizziness
- Vomiting/diarrhea
- Hives covering large area of body
- Confusion, altered consciousness
- Additional: _____

Mild Reaction

If showing any of the following **Mild** symptoms give antihistamine (*if provided by parent/guardian*):

- Itchy or runny nose
- Watery, itchy, red eyes
- Few/mild hives
- Mild stomach/intestinal discomfort
- Additional: _____

May carry and administer own epinephrine: **Yes / No**

Should administer additional dose after 5 minutes of no improvement : **Yes / No**

SPECIAL SITUATION: has an extremely severe allergic reaction to: _____

If ANY symptoms are present after contact to mentioned allergen, even if mild, **GIVE EPINEPHRINE!**

Other Comments: _____

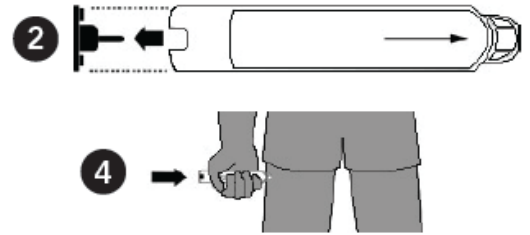
Healthcare Provider's Name: _____ Phone: _____

Healthcare Provider's Signature: _____ Date: _____

Administering Epinephrine by Brand

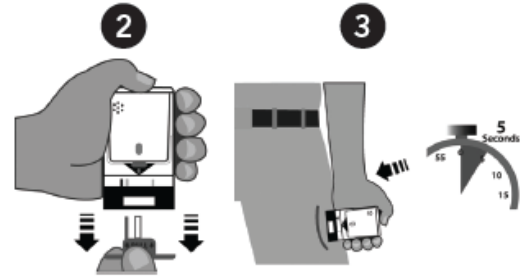
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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 3 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.



It is recommended that the parent/guardian submitting this form highlight the particular brand of auto-injector supplied

Emergency Contact Information

Priority Contact Name: _____ **Cell:** _____

Secondary Contact Name: _____ **Cell:** _____

Please note, in an emergency 911 will be called before contacting parent/guardian.

Parent/Guardian Comments: _____

Parent/Guardian Name: _____ **Cell:** _____

My signature gives permission for this ministry and its trained staff/volunteers to follow this plan. I agree to supply all medication and do not assume any will be provided.

Parent Guardian Signature: _____ **Date:** _____