

WILMINGTON PUBLIC SCHOOLS  
Food and Insect Allergy Action Plan

Place  
Student's  
Picture  
Here

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Severe Allergy to: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

- Child has Asthma:  YES  NO (If yes, higher risk for severe reaction)  
Child has had anaphylaxis  YES  NO  
Child may carry medicine\*  YES  NO (Recommended for students in Grades 6-12)  
Child may give him/herself medicine\*  YES  NO (Recommended for students in Grades 6-12)

*\*provided the school nurse determines it is safe and appropriate*

**Any SEVERE SYMPTOMS after suspected or known Ingestion:**

**One or more** of the following:

- LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue and/or lips)  
SKIN: Many hives over body

**Or combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g. eyes, lips)  
GUT: Vomiting, diarrhea, crampy pain



**1. INJECT EPINEPHRINE IMMEDIATELY**

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications\*
  - Antihistamine
  - Inhaler for Asthma

\*Antihistamine & Inhalers are not to be depended upon to treat a severe reaction (anaphylaxis),  
**USE EPINEPHRINE**

**Medication/Dose:**

Epinephrine dose:

- 0.3 mg Adult IM  May repeat 0.3 mg Adult IM  
 .15 mg Child IM  May repeat .15 mg Child IM

Antihistamine (if ordered, must be administered by nurse): \_\_\_\_\_

**Monitoring: Stay with student, alert healthcare professionals and parent.**

Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine may be administered if applicable (see prescription label). For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See Page 2 for auto-injection technique.

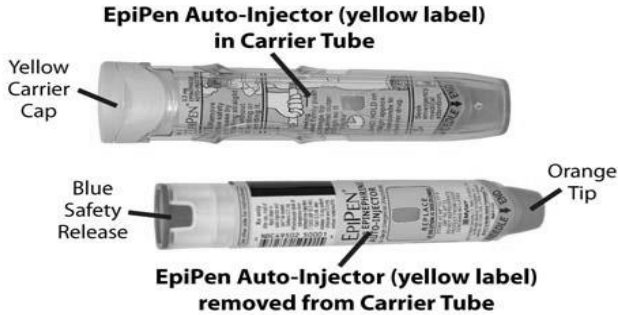
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

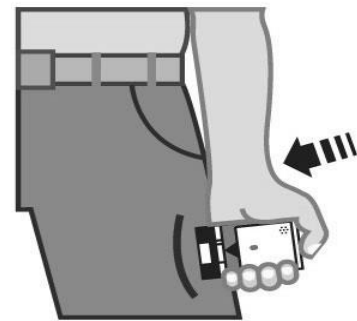
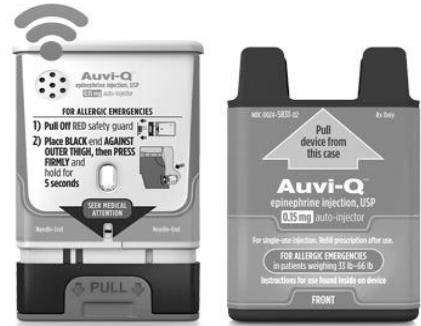
\_\_\_\_\_  
Physician/Healthcare Provider Signature Date

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**EPIPEN or Generic EPINEPHRINE**



**AUVI-Q**



**EpiPen Auto-Injector Directions:**

- First, remove the EpiPen from the plastic carrying case
- Pull off the BLUE safety release cap
- Hold ORANGE tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds

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**Auvi-Q Auto-Injector Directions:**

- Remove the outer case of Auvi-Q. This will automatically activate the voice instructions
- Pull off RED safety guard
- Place BLACK end against outer thigh, then press firmly and hold for 5 seconds

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**NOTE: Twinjects are not allowed to be administered by Wilmington School Nurses or delegated to non-nursing school personnel (per MDPH). Please provide EPIPEN/EPIPEN Jr's, Auvi-Q or Generic Epinephrine only, per WPS Medication Policy.**

**Thank you.**

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Allergy Action Plan. A kit must accompany the student if he/she is off school grounds (i.e. field trips).

**CONTACTS**

Call EMS: 911    Doctor: \_\_\_\_\_    Phone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_    Phone: \_\_\_\_\_

**Other Emergency Contacts**

Name/Relationship: \_\_\_\_\_    Phone: \_\_\_\_\_  
 Name/Relationship: \_\_\_\_\_    Phone: \_\_\_\_\_