

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

| Name: | | | | D.O.B.: | PLACE PICTURE | |
|--|---|--|---|--|--|--|
| Allergic to: | | | | | HERE | |
| Weight: | Ibs. Asthma: | ☐ Yes (higher ris | sk for a severe rea | action) 🗆 No | | |
| NOTE | E: Do not depend or | antihistamines or in | halers (bronchodilate | ors) to treat a severe reaction. USE EPINEPHR | INE. | |
| Extremely reactive THEREFORE: | ve to the followi | ng allergens: | | | | |
| | | • | _ | nten, for ANY symptoms. LY eaten, even if no symptoms are appare | nt. | |
| FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS | | | | MILD SYMPTOMS | | |
| LUNG Shortness of breath, wheezing, repetitive cough | HEART Pale or bluish skin, faintness, weak pulse, dizziness | THROAT Tight or hoarse throat, trouble breathing or swallowing | MOUTH Significant swelling of the tongue or lips | NOSE MOUTH SKIN Itchy or Itchy mouth A few hive runny nose, sneezing FOR MILD SYMPTOMS FROM MOI SYSTEM AREA, GIVE EPINER | n nausea or discomfort | |
| redness | GUT Repetitive vomiting, severe diarrhea | • | OR A COMBINATION of symptoms from different body areas. | FOR MILD SYMPTOMS FROM A SIL AREA, FOLLOW THE DIRECTION 1. Antihistamines may be given, if orchealthcare provider. 2. Stay with the person; alert emerger 3. Watch closely for changes. If symptogive epinephrine. | NS BELOW: dered by a ncy contacts. | |
| INJECT EPINEPHRINE IMMEDIATELY. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive. | | | | MEDICATIONS/DC | | |
| Consider giving additional medications following epinephrine: » Antihistamine » Inhaler (bronchodilator) if wheezing | | | | Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM | | |
| • Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side. | | | | Antihistamine Brand or Generic: | | |
| If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose. Alert emergency contacts. | | | | Antihistamine Dose: Other (e.g., inhaler-bronchodilator if wheezing): | | |
| Transport patient to ER, even if symptoms resolve. Patient should | | | | | | |

remain in ER for at least 4 hours because symptoms may return.



FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

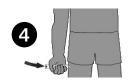
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

- Remove Auvi-Q from the outer case. Pull off red safety guard.
- Place black end of Auvi-Q against the middle of the outer thigh.
- 3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
- Call 911 and get emergency medical help right away.



HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

- Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
- Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

- Remove epinephrine auto-injector from its protective carrying case.
- 2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
- Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

- Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
- Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
- Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

- When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
- Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
- After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
- Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
- Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- 3.

May self-carry epinephrine and may self-administer epinephrine

| EMERGENCY CONTACTS — | - CALL 911 | OTHER EMERGENCY CONTA | OTHER EMERGENCY CONTACTS | | | |
|---|------------|-----------------------|--------------------------|--|--|--|
| RESCUE SQUAD: | | NAME/RELATIONSHIP: | PHONE: | | | |
| DOCTOR: | PHONE: | NAME/RELATIONSHIP: | PHONE: | | | |
| PARENT/GUARDIAN: | PHONE: | NAME/RELATIONSHIP: | PHONE: | | | |
| FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020 | | | | | | |