CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

ANAPHYLAXIS EMERGENCY ACTION PLAN

Insert Student Picture

Patient Name: _____ DOB: _____ ID NO: _____

Allergies: _____

Asthma: ☐ Yes *(high risk for severe reaction)* ☐ No School: _____

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

SYMPTOMS OF ANAPHYLAXIS

MOUTH	**itching, swelling of lips and/or tongue**
THROAT*	**itching, tightness/closure, hoarseness**
SKIN	**itching, hives, redness, swelling**
GUT	**vomiting, diarrhea, cramps**
LUNG*	**shortness of breath, cough, wheeze**
HEART*	**weak pulse, dizziness, passing out**

(Only a few symptoms may be present. Severity of symptoms can change quickly.)
***Some symptoms can be life-threatening. ACT FAST!**

EMERGENCY ACTION STEPS – DO NOT HESITATE TO GIVE EPINEPHRINE!

1. **Inject epinephrine in thigh using (check one):** ☐ **Auvi-Q (0.15 mg)** ☐ **Auvi-Q (0.3 mg)**
   ☐ **EpiPen Jr (0.15 mg)** ☐ **EpiPen (0.3 mg)**
   ☐ **Other _____** ☐ **Other _____**

Other medication/dose/route: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTIMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. **Call 911 or rescue squad (before calling contact)**
3. **Parent Guardian/Contact: home_____ work _____ cell _____**

SELF – ADMINISTERED EMERGENCY MEDICATION
(To be completed by a Physician)

☐ I have instructed student, _____, in the proper way to use his/her emergency medication. It is my professional opinion that this student **SHOULD** be allowed to carry and self-administer his/her emergency medication.
* A second dose of Epinephrine injection in the nurse's office is advisable and recommended.

☐ It is my professional opinion that this student **SHOULD NOT** carry or self-administer his/her emergency medication.

_____
Doctor's Signature / Date / Phone Number

_____
Parent's Signature (for individuals under age 18 yrs.) / Date