Epinephrine Auto Injector Self-Administration Authorization Packet for Anaphylaxis
(A new packet must be completed yearly)

Packet Contents:
1. Anaphylaxis Medication Self-Administration Form (requires physician and parent/guardian signature)
2. Anaphylaxis Student Skills Checklist
3. Severe Allergy Action Plan (requires physician and parent/guardian signature)
4. Missouri Revised Statutes – August 2016

Revised May, 2017
EPINEPHRINE AUTO INJECTOR SELF-ADMINISTRATION FORM

Student Name: __________________________________________ Grade: _____ School Year: ____________

The Missouri Safe Schools Act of 1996 provides for students to carry and self-administer life-saving medications when the following criteria are met:

(1) A licensed physician prescribed or ordered the medication for use by the child and instructed such child in the correct and responsible use of the medication.

(2) The child has demonstrated to the child’s licensed physician or the licensed physician’s designee, and the school nurse, if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered.

(3) The child’s physician has approved and signed a written treatment plan for managing asthma or anaphylaxis episodes of the child and for medication for use by the child. Such plan shall include a statement that the child is capable of self-administering the medication under the treatment plan.

(4) The child’s parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required in (3) above and the liability statement required in (5) below.

(5) The child’s parent or guardian has signed a statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the child or the administration of such medication by school staff. Such statement shall not be construed to release the school district and its employees or agents from liability for negligence. (Missouri Revised Statute; Chapter 167; Pupils and Special Services; Section 167.627.1; 08-28-2016).

MEDICATION NAME______________________Dose_____________Time or Interval____________________
Route/Inhalation device_________________________Instructions____________________________________

MEDICATION NAME______________________Dose_________________Time or Interval____________
Route/Inhalation device_________________________Instructions____________________________________

ALLERGIES: List known allergies to medications, foods, or air-borne substances________________________
______________________________________________________

I, the parent or legal guardian of the student listed above, give permission for this child to carry and self-administer the above listed medications. I have instructed my child to notify the school staff anytime this device is used. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child.

Signature of parent or legal guardian _____________________________ Date ______________

Parent/Guardian:
NAME: ___________________________________________ HOME PHONE: ______________________
ADDRESS: ______________________________________ WORK AND CELL PHONES: ______________
NAME: ___________________________________________ HOME PHONE: ______________________
ADDRESS: ______________________________________ WORK AND CELL PHONES: ______________

Emergency Contact:
NAME: ___________________________________________ PHONE #’S: ______________________

I, a licensed physician or nurse practitioner, certify that this child has a medical history of severe allergic reactions, has been trained in the use of the listed medication, and is judged to be capable of carrying and self-administering the listed medications(s). The child should notify school staff anytime the medication/injector is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.

Signature of Health Care Provider _____________________________ Date ______________

Name of Health Care Provider _____________________________ Phone: ______________ Fax: __________
ADDRESS: ______________________________________ CITY: ___________________________ ZIP: __________
Name: ___________________________  D.O.B.: ______________________

Allergy to: __________________________________________________________

Weight: __________________ lbs.  Asthma: [ ] Yes (higher risk for a severe reaction)  [ ] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: ________________________________________________________________

THEREFORE:
[ ] If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
[ ] If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pallor or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
   - Consider giving additional medications following epinephrine:
     - Antihistamine
     - Inhaler (bronchodilator) if wheezing
   - 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.
   - 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.
   - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

For severe symptoms, use epinephrine immediately. For mild symptoms, use antihistamines or inhalers

Epinephrine Brand or Generic: ______________________________________

Epinephrine Dose: [ ] 0.15 mg IM  [ ] 0.3 mg IM

Antihistamine Brand or Generic: ______________________________________

Antihistamine Dose: ________________________________________________

Other (e.g., inhaler-bronchodilator if wheezing): ________________________

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO
1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.

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

HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN
1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES
1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps; you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:
1. 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.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD
DOCTOR
PARENT/GUARDIAN

PHONE
PHONE
PHONE

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP
PHONE
NAME/RELATIONSHIP
PHONE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017
Epi-Pen/AdrenaClick/Auvi-Q Student Skills Checklist

Student ___________________________________ Age _______ Grade/Team ____________

School Nurse Signature __________________________________________ Date ____________

EpiPen and Epipen Jr Trainer Skills Checklist:

1. Remove the epipen or epipen jr auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it ‘clicks’.
5. Hold firmly in place for 3 seconds.
6. Remove and massage the injection area for 10 seconds.
7. Verbalize that you will tell the school nurse whenever you use the EpiPen. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision       _____ Performs Independently

Generic Epinephrine Trainer Skills Checklist:

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it ‘clicks’.
5. Hold firmly in place for 3 seconds; then remove.
6. Remove and massage the injection area for 10 seconds.
7. Verbalize that you will tell the school nurse whenever you use the EpiPen. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision       _____ Performs Independently

IMPAX Epinephrine (generic AdrenaClick) Trainer Skills Checklist:

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Pull off both blue end caps; you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put Red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for 10 seconds, then remove.
6. Verbalize that you will tell the school nurse whenever you use the impax. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision       _____ Performs Independently

Auvi-Q Trainer Skills Checklist:

1. Remove auvi-q from the outer case. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end of auvi-q against the middle of the outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.
6. Verbalize that you will tell the school nurse whenever you use Auvi-Q. If the school nurse is unavailable, you will tell the principal or appropriate district personnel.

_____ Requires Supervision       _____ Performs Independently

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