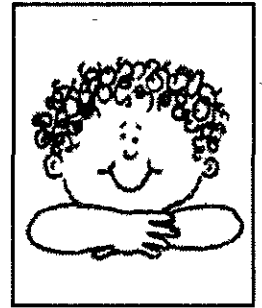


# INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:	
Health Concern:	<b>ALLERGY</b>
Date of Birth:	Student ID:
Case Manager:	Ext:



Asthmatic:  Yes\*  No \* Higher risk for severe reaction

## STEP 1: TREATMENT

### Symptoms

- If a food allergen has been ingested, but no symptoms:  N/A
- MOUTH Itching, tingling, or swelling of the lips, tongue, mouth
- SKIN Hives, itchy rash, swelling of the face or extremities
- GUT Nausea, abdominal cramps, vomiting, diarrhea
- THROAT<sup>†</sup> Tightening of throat, hoarseness, hacking cough
- LUNG<sup>†</sup> Shortness of breath, repetitive coughing, wheezing
- HEART<sup>†</sup> Thready pulse, low blood pressure, fainting, pale, blueness
- OTHER<sup>†</sup> \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give:

### Give Checked Medication: (determined by doctor authorizing treatment)

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |

<sup>†</sup> Potentially life-threatening. The severity of symptoms can quickly change.

<b>DOSAGE</b>	<b>Epinephrine:</b> Inject intramuscularly (check one) <input type="checkbox"/> EpiPen <input type="checkbox"/> EpiPen Jr. (see reverse for details)
	<b>Antihistamine:</b> _____ medication / dose / route
	<b>Other:</b> _____ medication / dose / route

## STEP 2: EMERGENCY CALLS

① Call 9-911 from a landline

② Call doctor \_\_\_\_\_  
 Name of doctor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

③ Call \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

\_\_\_\_\_   
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

The following individuals have reviewed this Health Care Plan and support its implementation.

* _____ Parent / Guardian Signature	_____ Date	_____ Administrator Signature	_____ Date	* _____ Doctor Signature (required)	_____ Date
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# HOW TO USE THE EPIPEN AUTO-INJECTOR

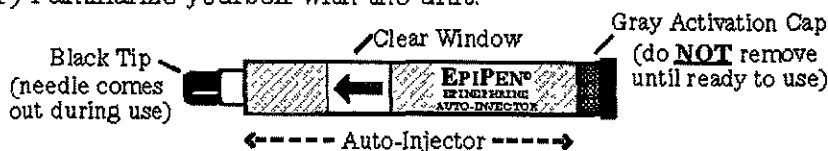
## **WARNING**

- **Never put thumb, fingers, or hand over black tip.** Needle comes out of black tip. Accidental injection into hands or feet may result in loss of blood flow to these areas. If this happens, go immediately to the nearest emergency room.
- **EPIPEN®/EPIPEN® JR** should be injected *only* into the outer thigh (see "Directions for Use").
- **Do NOT** remove gray activation cap until ready to use.

## **DIRECTIONS FOR USE**

- Follow these directions *only* when ready to use.
- **Never put thumb, fingers, or hand over black tip.**
- **Do NOT** remove gray activation cap until ready to use.

1) Familiarize yourself with the unit.



- 2) Grasp unit, with the black tip pointing downward.
- 3) Form a fist around the auto-injector (black tip down).
- 4) With your other hand, pull off the gray activation cap.



- 5) Hold black tip near outer thigh.
- 6) Swing and **jab firmly** into outer thigh so that auto-injector is perpendicular (at a 90° angle) to the thigh.



- 7) Hold **firmly in thigh** for several seconds.
- 8) Remove unit, massage injection area for several seconds.
- 9) Check black tip:
  - if needle is exposed, you received the dose
  - if not, repeat steps #5-8
- 10) *Note:* most of the liquid (about 90%) stays in the auto-injector and cannot be reused.
- 11) Bend the needle back against a hard surface.
- 12) Carefully put the unit (needle first) back into the carrying tube (*without* the gray activation cap)
- 13) Recap the carrying tube.
- 14) See "Immediately After Use" box on right side.

## **IMMEDIATELY AFTER USE**

- **Go immediately to the nearest hospital emergency room.**  
You may need further medical attention.
- Tell the physician that you have received an injection of epinephrine (show your thigh).
- Give your used **EPIPEN®/EPIPEN® JR** to the physician for inspection and proper disposal.



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