

Children with Food Allergies

What Parents Need to Know



One in 13 kids
has a food allergy.

A **food allergy** occurs when the body's immune system sees a certain food as harmful and reacts by causing one or more symptoms. This is known as an allergic reaction.

Foods that cause allergic reactions are called **allergens**. Even a tiny amount of an allergen can cause a reaction. Allergic reactions usually occur after your child eats a food that she or he is allergic to.

Be Aware of Food Allergy Symptoms

The type of symptoms and their severity may vary from one reaction to the next. Sometimes allergy symptoms are mild. Other times, symptoms can be severe and result in a serious allergic reaction called **anaphylaxis** (anna-fih-LACK-sis). **Anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potentially life-threatening complications.**

An allergic reaction to a food can involve one or more symptoms of the skin, mouth, eyes, lungs, heart, gut, and brain. Some symptoms of an allergic reaction include:

- Skin rashes and itching and hives
- Swelling of the lips, tongue, or throat
- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Dizziness and/or fainting
- Stomach pain, vomiting, and diarrhea
- Feeling like something awful is about to happen

Your child's doctor will give you a complete list of possible symptoms. This list of symptoms is also on your written food allergy emergency care plan (see next page).

Common Food Allergens

Foods reported to cause most food allergic reactions in the United States are:

- Eggs
- Milk
- Peanuts
- Tree nuts, such as walnuts
- Soy
- Wheat
- Shellfish, such as shrimp, crab, and lobster
- Fish

The most common food allergies in infants and children are eggs, milk, peanuts, tree nuts, soy and wheat.

Children may outgrow some allergies (egg, milk, and soy) but may be less likely to outgrow others (peanut, tree nut, fish, and shellfish).

Have a Doctor Confirm Your Child's Food Allergy

Your child's doctor will need to diagnose food allergy based on your child's symptoms, medical history, physical exam, and test results. The doctor may recommend your child see an allergy specialist to further diagnose and treat the allergy.

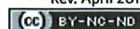
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For more detailed information and a list of resources, please visit KidsWithFoodAllergies.org.
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Be Prepared for Anaphylaxis

Work with your child's health care team on how to recognize the signs and symptoms of anaphylaxis and how to treat it. Here's how you can be prepared:

- Have a written food allergy emergency care plan, also called an anaphylaxis emergency action plan. Your child's doctor will give you this step-by-step plan on what to do in an emergency.
- Learn how to give your child epinephrine. It's the medicine of choice to treat an allergic reaction or anaphylaxis.
- Epinephrine is safe and comes in an easy-to-use device called an auto-injector. It injects a single dose of medicine when you press it against your child's outer thigh. Your child's health care team will show you how to use it.
- Always have two epinephrine auto-injectors near your child.
- Teach people who spend time with your child how to use the auto-injector device.
- Consider having your child wear or carry a medical alert bracelet to let others know of the allergy.

Know How to Treat Anaphylaxis

- 1 Follow the steps in your child's emergency care plan** to give your child epinephrine right away. This can save your child's life.
- 2 After giving epinephrine, always call 911** or a local ambulance service. Tell them that your child is having a serious allergic reaction and may need more epinephrine.
- 3 Your child needs to be taken to a hospital by ambulance.** Medical staff will watch your child closely for further reactions and treat him or her if needed.

FOR MORE INFORMATION

For more information about managing children's food allergies, please visit:

KidsWithFoodAllergies.org

Family education resources, food and cooking resources, recipes, school planning, and connecting online with other parents.

AAFA.org

Support group information.

Take Steps to Avoid Allergic Reactions

The only way to avoid an allergic reaction is for your child to stay away from foods that have caused symptoms. Even traces of an allergen can cause an allergic reaction. For example, people and pets who have eaten an allergen recently can pass it on to your child through their saliva.

Here are some steps you can take:

- **Learn how to read food labels** for ingredients your child is allergic to. Read the label every time you buy a product, even if you've used that product before. Food ingredients in any given product may change.
- **Ask about ingredients in foods** that other people make for your child.
- **Avoid passing allergens to foods that are safe for your child to eat** by washing your hands and your child's hands with soap and water before handling food. Prepare and serve foods with clean utensils and other kitchen items and on clean surfaces.
- **Educate family, friends, and others** who will be with your child about your child's allergies. Be sure to tell your child's school and anyone responsible for your child about his or her food allergies.
- **Teach your child how to manage his or her food allergies.** You can start teaching your child even at a young age. When old enough, teach your child to read labels. Also teach your child how and when to use an epinephrine auto-injector, and to tell an adult if he or she is having an allergic reaction.
- **After the diagnosis, focus on what safe foods your child can have**, rather than what he or she can't have. Start with plain foods with simple ingredients. From there you can look for new recipes that use safe ingredients.

Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction

FOR ANY OF
THE FOLLOWING

SEVERE SYMPTOMS



LUNG: Short 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



SKIN: Many hives over body, widespread redness



GUT: Repetitive vomiting, severe diarrhea



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

OR MORE
THAN ONE

MILD SYMPTOM



NOSE: Itchy or runny nose, sneezing



MOUTH: Itchy mouth



SKIN: A few hives, mild itch



GUT: Mild nausea or discomfort

1

**INJECT
EPINEPHRINE
IMMEDIATELY**

2

Call 911
Request ambulance
with epinephrine.

Consider Additional Meds

(After epinephrine):

- » Antihistamine
- » Inhaler (bronchodilator) if asthma

Positioning

Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

Next Steps

- » If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- » Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.



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What Epinephrine Products Are Currently Available?



Top Left = EpiPen and EpiPen Jr auto-injector made by Mylan

Top Middle = Epinephrine auto-injector made by Mylan (generic)

Top Right = Epinephrine auto-injector made by Teva (generic)

Bottom Left = Epinephrine auto-injector made by Impax (generic)

Bottom Right = AUVI-Q auto-injector made by Kaleo



Children and Adolescents with Food Allergies

How Can You Help?

**IDEAS FOR
PARENTS**

Food allergies are a growing concern for many people and affect about 1 of 25 school-aged children.¹ Among those with food allergies, 1 of 5 will have an allergic reaction while at school. Anaphylaxis is a severe allergic reaction that has rapid onset and may cause death, and 1 of 4 students who have a severe and potentially life-threatening reaction at school have no previous known food allergy.¹ Schools should have a food allergy management and prevention plan to help support the needs of students with allergies. They should also teach staff members, as well as students and family members, about food allergies. This can create and maintain a healthy, safe, and inclusive educational environment.

Knowing the answers to the following questions can help you support your child's school to address food allergies. If you don't know the answers to these questions, check out the school handbook or school website, attend a school wellness meeting or Parent-Teacher Association (PTA) meeting, or simply ask your child's teacher.

**What's
Happening
at School?**

1. Is there a full-time registered nurse in the school building at all times or a school-based health center to help children with chronic medical conditions or emergencies?
2. How does the school identify and share information about students with food allergies?
3. Is the school aware of the CDC Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs?
4. Is it required that each student with food allergies have an individualized health plan or emergency care plan on file?² Has the child been evaluated for a Section 504 Plan, if appropriate?
5. Are students allowed to carry their medication (such as emergency epinephrine) at school?
6. Does the school or district have stock epinephrine that can be used for any student having a life threatening allergic reaction, and are nurses, teachers, and other staff appropriately trained to administer it?³
7. What are school or district protocols for students suspected of having an allergic reaction at school, on the school bus, on a field trip, or in cases of emergency or lockdown?
8. Are other school staff, such as teachers, bus drivers, and food services staff, trained to recognize and respond to a student who may be having an allergic reaction?
9. What practices are used to safely prepare and serve foods to students with food allergies within the cafeteria, classroom, school parties, and other school events?
10. Is food sharing among students allowed? Is the student with food allergies protected during classroom parties and activities involving food without having to be isolated from the activity?
11. Is there a bullying prevention policy in the school or district that discourages bullying or encourages awareness or anti-stigma of students with medical conditions?



Centers for Disease
Control and Prevention
National Center for Chronic
Disease Prevention and
Health Promotion





Ideas for Parents

You can be involved in your child's school by **attending** meetings, workshops, or training events offered by the school; **communicating** with school staff and other parents; **volunteering** for school events or in your child's classroom; **reinforcing** healthy messages and practices your child learns at school; **helping** make decisions about health in the school; and **being part** of community activities supported by the school. Here are some specific ideas for how you can support your child's school in addressing food allergies.

- Have an ongoing conversation with your child to discuss their food allergies, their feelings about having food allergies, and if they feel safe and supported at school.⁴
- Work with your child's health care provider to establish a current emergency care plan and for timely completion of required school forms.³ Encourage communication between school health services and your child's health care provider.
- Provide emergency medication to the school nurse or other school health official.
- Ensure that there is a current individualized health care plan, and assist with setting goals.²
- Communicate with your child's teachers, counselors, and school health services staff about your child's food allergies and how they are coping while at school.
- Work with teachers and other staff to identify non-food rewards for your child, thereby reducing exposure to allergens.
- Talk with school nutrition services about your child's allergies and advanced menu viewing.
- Volunteer with your child, or get involved at school health events to educate staff and other families about food allergies. Inquire about the student health education curriculum.
- Join a group, such as the PTA, school wellness committee, or school health advisory council, that addresses the needs of a supportive and healthy school environment.⁵
- Share research-based websites or written materials about food allergies with teachers, nurses, and administrators, when possible, (e.g., <http://www.cdc.gov/healthyyouth/foodallergies/index.htm>).



Check out additional resources for parents related to the school nutrition environment and services, physical education and physical activity, and managing chronic health conditions at <http://www.cdc.gov/healthyschools/P4HS.htm>.

REFERENCES

1. Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. Washington, DC: US Dept of Health and Human Services; 2013.
2. National Association of School Nurses. *Individualized Healthcare Plans: The Role of the School Nurse*; 2015. <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-The-Role-of-the-School-Nurse-Revised-January-2015>. Accessed August 6, 2015.
3. National Association of School Nurses. *Position Statement. Allergy/Anaphylaxis Management in the School Setting*; 2012. <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/9/Allergy-Anaphylaxis-Management-in-the-School-Setting-Revised-June-2012>. Accessed August 5, 2015.
4. Centers for Disease Control and Prevention. *School Connectedness: Strategies for Increasing Protective Factors among Youth*. Atlanta: US Dept of Health and Human Services; 2009.
5. Centers for Disease Control and Prevention. *Parent Engagement: Strategies for Involving Parents in School Health*. Atlanta: US Dept of Health and Human Services; 2012.



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FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

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**

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

**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.

MILD SYMPTOMS**NOSE**

Itchy or runny nose, sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives, mild itch

**GUT**

Mild nausea or discomfort

**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

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

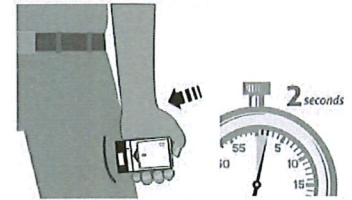
Other (e.g., inhaler-bronchodilator if wheezing): _____

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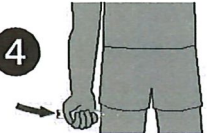
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FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

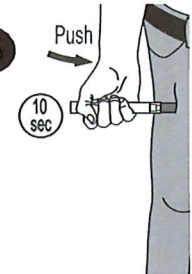
1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

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

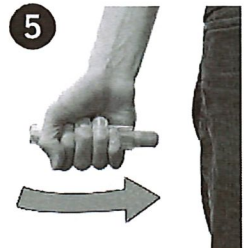
1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the 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.

3**4****HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), 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.

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

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

5**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: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

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PLAN DE ATENCIÓN DE EMERGENCIAS DE ALERGIAS ALIMENTARIAS Y ANAFILAXIA

Nombre _____ Fecha de nacimiento: _____

Alérgico a: _____

Peso: _____ kilos. Asma: ☐ Sí (Riesgo más alto de reacción grave) ☐ No**NOTA: No recurra a antihistamínicos ni inhaladores (broncodilatadores) para tratar una reacción grave. UTILICE EPINEFRINA.****Extremadamente reactivo a los siguientes alérgenos:** _____**POR LO TANTO:**☐ Si esta opción está marcada y es PROBABLE que se ha ingerido el alérgeno, administre epinefrina de inmediato ante CUALQUIERA de estos síntomas.☐ Si esta opción está marcada y es SEGURO que se ha ingerido el alérgeno, administre epinefrina de inmediato aunque no se observe ningún síntoma.ANTE CUALQUIERA
DE LOS SIGUIENTES:**SÍNTOMAS GRAVES****PULMÓN**Falta de aire,
sibilancia,
muchos tos**CORAZÓN**Tez azulada o
pálida, desmayo,
pulso débil,
mareo**GARGANTA**Ronquera
u oclusión,
dificultad para
tragar o respirar**BOCA**Hinchazón
significativa de
la lengua o los
labios**PIEL**Urticaria
extendida en las
distintas partes
del cuerpo,
enrojecimiento
generalizado**INTESTINOS**Vómitos
reiterados,
diarrea grave**OTRO**Sensación de que
va a pasar algo
malo, ansiedad,
confusión.**O UNA
COMBINACIÓN**
de los síntomas
de las distintas
áreas**1. INYECTE EPINEFRINA DE INMEDIATO**

- Llame al 911.** Avise al operador telefónico que el paciente tiene anafilaxia y puede necesitar epinefrina cuando llegue el equipo de emergencia.
- Considere la administración de otros medicamentos además de la epinefrina:
 - Antihistamínico
 - Inhalador (broncodilatador) en caso de respiración sibilante
- Mantenga al paciente en posición horizontal, con las piernas en alto y abrigado. Si tiene dificultades para respirar o vómitos, manténgalo sentado o tendido sobre un costado.
- Si los síntomas no mejoran o vuelven a aparecer, puede administrar otras dosis adicionales de epinefrina a partir de los 5 minutos de la administración de la última dosis.
- Comuníquese con los contactos de emergencia.
- Lleve al paciente a la sala de emergencias, aunque los síntomas hayan desaparecido. (El paciente debe permanecer en la guardia médica durante por lo menos 4 horas porque los síntomas pueden reaparecer).

SÍNTOMAS LEVES**NARIZ**Picazón o
moqueo nasal,
estornudos**BOCA**Picazón
bucal**PIEL**Algunas
ronchas,
picazón leve**INTESTINO**Náuseas leves o
malestar**EN CASO DE SÍNTOMAS LEVES EN MÁS DE UN
ÁREA DEL CUERPO, ADMINISTRE EPINEFRINA.****EN CASO DE SÍNTOMAS LEVES EN UN ÁREA ÚNICA
SIGA ESTAS INSTRUCCIONES:**

- Se pueden administrar antihistamínicos, con prescripción médica.
- Quédese junto a la persona; comuníquese con los contactos de emergencia.
- Observe atentamente los posibles cambios. Si los síntomas empeoran, administre epinefrina.

MEDICAMENTOS/DOSIS

Marca de epinefrina o fármaco genérico: _____

Dosis de epinefrina: ☐ 0,1 mg IM ☐ 0,15 mg IM ☐ 0,3 mg IM

Marca de antihistamínico o fármaco genérico: _____

Dosis de antihistamínico: _____

Otros (por ejemplo, broncodilatador en caso de sibilancia): _____



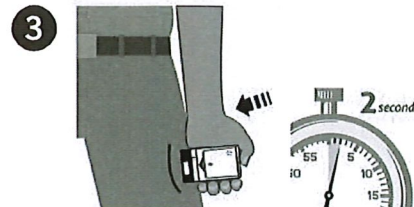
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PLAN DE ATENCIÓN DE EMERGENCIAS DE ALERGIAS ALIMENTARIAS Y ANAFILAXIA

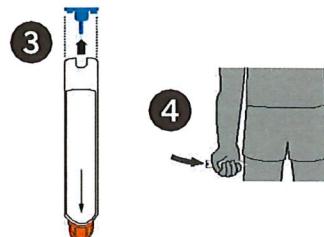
CÓMO UTILIZAR AUVI-Q® (INYECCIÓN DE EPINEFRINA, USP), KALEO

1. Retire AUVI-Q del estuche externo.
2. Saque la tapa de seguridad roja.
3. Coloque el extremo negro de AUVI-Q® contra la parte exterior media del muslo.
4. Oprima firmemente hasta escuchar un clic y un silbido, mantenga presionado por 2 segundos.
5. Llame al 911 y pida asistencia médica de emergencia de inmediato.



CÓMO USAR EL AUTOINYECTOR DE EPINEFRINA EPIPEN® Y EPIPEN JR® Y LA INYECCIÓN DE EPINEFRINA (FÁRMACO GENÉRICO AUTORIZADO DE EPIPEN®), USP (AUTOINYECTOR), MYLAN

1. Retire el autoinyector EpiPen® o EpiPen Jr® del tubo transparente.
2. Sujete el autoinyector firmemente con el puño con la punta naranja (el extremo de la aguja) apuntando hacia abajo.
3. Con la otra mano, retire el protector de seguridad azul tirando firmemente hacia arriba.
4. Gire y oprima con firmeza el autoinyector contra la parte exterior media del muslo hasta que haga clic.
5. Sostenga firmemente en el lugar durante 3 segundos (cuente lentamente 1, 2, 3).
6. Retire el dispositivo y masajee el área durante 10 segundos.
7. Llame al 911 y pida asistencia médica de emergencia de inmediato.



CÓMO UTILIZAR LA INYECCIÓN DE EPINEFRINA IMPAX (GENÉRICO AUTORIZADO DE ADRENALINE®), USP, AUTOINYECTOR, LABORATORIOS IMPAX

1. Retire del autoinyector de epinefrina de su estuche protector.
2. Saque las dos tapas de extremo azul. Ahora podrá ver una punta roja.
3. Sujete el autoinyector firmemente con el puño con la punta roja apuntando hacia abajo.
4. Coloque la punta roja contra la parte exterior media del muslo en un ángulo de 90°, en posición perpendicular al muslo.
5. Oprima y sostenga con firmeza durante aproximadamente 10 segundos.
6. Retire el dispositivo y masajee el área durante 10 segundos.
7. Llame al 911 y pida asistencia médica de emergencia de inmediato.



INFORMACIÓN DE ADMINISTRACIÓN Y SEGURIDAD PARA TODOS LOS AUTOINYECTORES:

1. No coloque el dedo pulgar, los demás dedos o la mano sobre la punta del autoinyector ni aplique la inyección fuera de la parte exterior media del muslo. En caso de inyección accidental, diríjase inmediatamente a la sala de emergencias más cercana.
2. Si administra el medicamento a un niño pequeño, sostenga su pierna firmemente antes y durante la aplicación para evitar posibles lesiones.
3. Si es necesario, la epinefrina se puede aplicar a través de la ropa.
4. Llame al 911 inmediatamente luego de aplicar la inyección.

INSTRUCCIONES/INFORMACIÓN ADICIONAL (la persona puede llevar epinefrina, el paciente puede autoadministrarse la medicación, etc.):

Trate a la persona antes de llamar a los contactos de emergencia. Las primeras señales de una reacción pueden ser leves, pero los síntomas pueden agravarse con rapidez.

CONTACTOS DE EMERGENCIA – LLAME AL 911

EQUIPO DE RESCATE: _____

MÉDICO: _____ TELÉFONO: _____

PADRE O TUTOR: _____ TELÉFONO: _____

OTROS CONTACTOS DE EMERGENCIA

NOMBRE/RELACIÓN: _____

TELÉFONO: _____

NOMBRE/RELACIÓN: _____

TELÉFONO: _____

Policy Development for the Management of Severe Allergies in School Settings

Most youngsters spend many hours of their days at school and school-related activities. It is the responsibility of school systems to plan for and maintain a safe environment for all students during school hours, school transport, as well as during school related activities.

A **policy** is a set of rules designed to reach certain objectives which aid in decision making. Comprehensive health care policies and procedures for students with severe allergies help support and maintain a safe school environment for students with severe allergies while allowing them to enjoy the same access to education and fully participate in all school-sponsored activities as do others.

When writing school policies regarding the care and management of students with severe allergies, applicable federal and state law requirements must be met. Indiana law applicable to the care of students with severe allergies include:

- **IC 20-33-8-13 Possession and Self-Administration of Medication**
This law applies to all school corporations and allows students with a chronic disease or medical condition to possess and self-administer emergency medication for their medical condition which has been prescribed by a licensed healthcare provider. This law requires that parents have annually filed authorization and a healthcare provider statement confirming that the student has a condition for which the physician has prescribed medication, the student has been instructed on how to self-administer, and that the condition requires emergency medication.
- **IC 20-34-4-4.5 Stock Emergency Medication**
This law which was updated in July of 2017 allows all public, charter, and accredited nonpublic schools to stock emergency albuterol, epinephrine and/or naloxone medications if said schools which to do so-note that this is not a school requirement

Suggestions for Indiana School Districts to Consider When Developing Policies and Procedures

When composing school district policy and procedures addressing the school's role in severe allergy management, the following components should be considered for incorporation:

- School Nurse Availability During the School Day
- Development of the Severe Allergy Medical Management Plan
- Development of the Anaphylaxis Emergency Action Plan
- Development of the Individual Health Care Plan
- Roles of Volunteer Health Aides During School and School-Related Activities
- Provision of Staff Training and Education
- School System Planning for Emergency Response
- Management of Severe Allergies in the Classroom
- Management of Severe Allergies During School Activities Outside of the Classroom
- Student Self-Management Abilities and Provisions
- Emergency Medication Location
- Responsibilities of Parents
- Responsibilities of Students