



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: \_\_\_\_\_

**MOUTH**  
**THROAT\***  
**SKIN**  
**GUT**  
**LUNG\***  
**HEART\***

**SYMPTOMS OF ANAPHYLAXIS**

itching, swelling of lips and/or tongue  
itching, tightness/closure, hoarseness  
itching, hives, redness, swelling  
vomiting, diarrhea, cramps  
shortness of breath, cough, wheeze  
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