

Health Center Parent Guide – 2022

Welcome to our health center parent guide for summer camp 2022. This packet includes all necessary information and additional forms for your child's health care at camp. We look forward to having your camper join us this summer!

My camper takes medication. How should I prepare my child's meds for camp?

- **We administer meds four times daily;** breakfast, lunch, dinner, and bedtime. If your child takes medications that need administered outside of these times and cannot be adjusted to our administration times, please contact ashley.mason@ymcacharlotte.org
- **All medications must be prescribed by a physician. Please do not bring any over the counter medications with your child.** We stock our health center with the most commonly seen over the counter medications. Please see the section called 'Over the Counter Medications Provided by Camp as Needed' for a list of OTC's we provide.
- **Over the counter medication taken on a daily, preventative basis requires an accompanying Over the Counter Medication Request Form.** This form requires the signature of the doctor so that we can treat it like a prescription medication. This would apply to campers taking daily allergy medication, nightly melatonin, daily vitamins, etc. This form can be found in the back of this packet.
- **All medications must be blister packed by med pass time and color coded using the following color scheme:**
 - Breakfast = Orange
 - Lunch = Green
 - Dinner = Yellow
 - Bed Time = Blue
 - Other = Red
- **Blister packs must contain the campers first and last name, date of birth, and how the medication/supplement is to be taken.** Appropriate documentation from your campers medical provider must accompany all medication contained in the blister pack.
- **All inhalers, liquids, injectables, or "non-pill" medications should be sent to camp in the original container with the campers first and last name, DOB, dosage, and time of administration.**
- **All PRN medications should be clearly documented by the provider and include the parameters for providing the medication.** Do not include PRN medications in the blister packs. All PRN medications should be sent to camp in the original containers.
- **Medications will be turned in to the camp medical providers upon check in.**
- **Medication information will need to be documented in the camper's CampDoc health profile prior to check in.**

How should I blister pack my child's medication?

Please blister pack your child's medication by time of administration. We strongly recommend you purchase the following color coded blister packs for ease of packing and to make it as manageable as possible for our health center team.

[Blister Packs Available Here](#)

Please blister pack all medications per med pass time in the same blister pack.

If you are unable to purchase the color coded blister packs, please color code the blister packs using stickers that correspond with the appropriate med pass time.

Please label your camper's blister packs as follows:

Camper Name (First and Last)

Date of Birth (MM/DD/YYYY)

B = Breakfast

L = Lunch

D = Dinner

HS = Bedtime (hour of sleep)

Time of administration for any meds given outside of the standard med pass times.

Please use the following photos as an example for a two week camper:

Camper Name: John Doe

Date of Birth: 1/1/2011

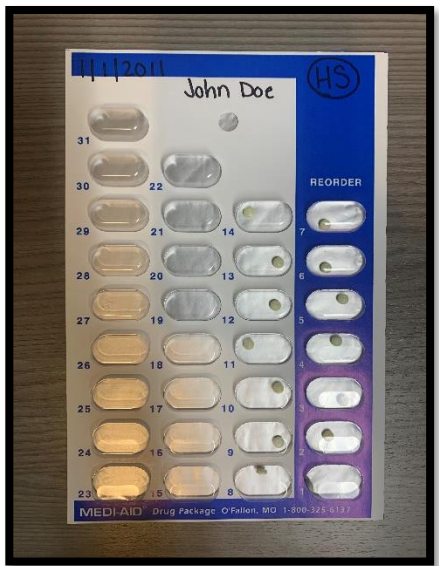
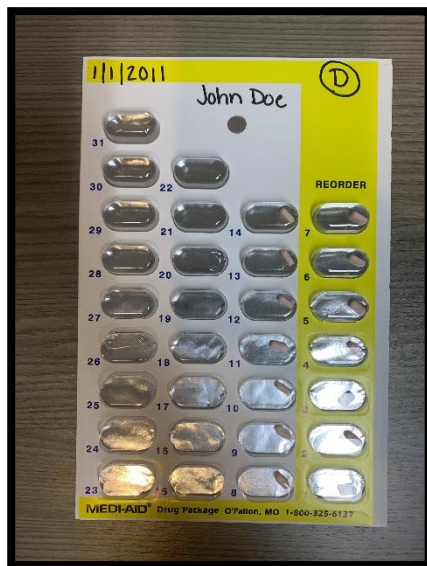
Breakfast Meds (Orange): Daily Allergy Medicine (non-prescription), and ADHD Medicine

Lunch Meds (Green): GI Meds

3:00 Meds (Red): None

Dinner Meds (Yellow): Anxiety Meds

Bedtime Meds (Blue): Daily Melatonin (non-prescription)



Can I send my child's medications to camp ahead of time?

Yes! You are welcome to mail your child's filled blister packs to camp prior to their session. We ask that they are sent enough in advance to allow seven days between their arrival at camp and your child's check in. This will allow our health center team to check in their meds and make sure that their CampDoc profile matches what has been mailed. You can address these to:

YMCA Camp Thunderbird
Health Center – Session #
1 Thunderbird Ln.
Lake Wylie, SC 29710

If you choose to mail in your medications, it is recommend to use a tracking number to ensure they arrive at camp and we can locate them if they do not get delivered.

What does health care coverage look like?

We have been working closely with Atrium Health the last few years. Atrium Health provides us with nurses and doctors who our health center for 12 hours a day, 7 days a week.

This partnership opens up a few bonus features for our campers and counselors.

- In person and virtual access to a provider
- Access to medical supplies and on site testing for COVID-19, strep, and UTI
- Ability to treat most non-emergent concerns on-site
- Consistency of staff and continuity of care

In addition to Atrium Health, camp has two health center assistants who live at camp during the summer. These are students who are currently in or about to begin medical school. They are trained in CPR/First Aid, and basic emergencies. They work directly with Atrium to provide care for campers when Atrium staff is not on site and assist with medication administration, overnight care support, and basic first aid.

Do I need to complete a health profile for my camper on CampDoc?

Yes. CampDoc is our medical database for camp and houses all of the information that our health center team needs to ensure camp is a fun, safe, and healthy place for your child. We use CampDoc to communicate treatments due to illness or injury that is administered to your camper in our Health Center. In order to keep communication completely transparent it is imperative that you complete the full health profile for your camper(s). CampDoc profiles must be completed a minimum of 5 days prior to the start of your child's session. This allows our health care team to contact you if they have questions, and the ability to review medications and check in mailed medications ahead of time.

What over the counter medications does the Health center have available?

Our health center stocks the most common over the counter medications, including but not limited to; Aleve, Allegra, Bacitracin, Calomine Lotion, Cepacol, Cortisone-10, Cough Drops, Cough Syrup, DayQuil, Emergen-C, Eye Drops, Hydrocortisone, Ibuprofen, Immodium, Melatonin, Miralax, Motrin, Mucinex, Neosporin, NyQuil, Pedialyte, Pepto-Bismol, Throat Coat, Tums, Tylenol, Xyzal, Zyrtec.

What if my camper feels sick while at camp?

Our campers are encouraged to visit the Health Center any time they are not feeling well at camp. Our health center team will assess your camper and treat them accordingly. They will determine if the camper should remain at the health center for rest/observation or if they are well enough to return to camp activities.

Will I be notified by the Health Center if my camper is sick?

It is important that you complete your camper's CampDoc profile with the appropriate contact information for your camper. We will contact the primary guardian listed in the camper's CampDoc profile. In the event the primary guardian cannot be reached, the secondary guardian will be notified.

You will be notified by our Health Center for the following:

If the doctor recommends a prescription medication, if the doctor recommends off site treatment, deep wounds and lacerations, medical emergency resulting in 911, severe allergic reaction/anaphylaxis, fevers over 100.0 for longer than 2 hours (not heat related), camper staying overnight in the health center, mental health crisis.

You will not be notified when:

Your camper receives regular first aid treatment for bug bites or minor cuts, your camper rests in the health center during an activity period, or your child receives basic health care for common colds, coughs, stomach ache, etc.

What happens if my camper stays in the health center overnight?

Your camper may stay the night in the health center if they are generally not feeling well or experiencing the following symptoms; migraine, fever, vomiting, diarrhea, nausea, etc. The

Additional Forms are required for the following conditions and can be found on the following pages:

Food Allergy and Anaphylaxis

Asthma

Diabetes

Seizures

Over the Counter Medication taken on a daily basis

These forms are available for download on your camper's CampDoc profile. Simply select 'Yes' to the question that applies to your child's medical needs/diagnosis for a downloadable form. Once downloaded, please complete and upload to your child's CampDoc profile under the designated section.

Questions about medication, specific health related concerns, or general questions for the health center should be directed to ashley.mason@ymcacharlotte.org

Child Care Diabetes Medical Management Plan



YOUR RIGHTS. ONE VOICE. SM

Name of Child: _____ DOB: _____ Dates Plan in Effect: _____

Parent or guardian Name(s)/Number(s): _____

Diabetes Care Provider Name/Number: _____

Diabetes Care Provider Signature: _____ Date: _____

Location of diabetes supplies at child care facility: _____

Blood Glucose Monitoring

Target range for blood glucose is: ☐ 80-180 ☐ Other _____

When to check blood glucose: ☐ before breakfast ☐ before lunch ☐ before dinner ☐ before snacks

When to do extra blood glucose checks: ☐ before exercise ☐ after exercise ☐ when showing signs of low blood glucose
☐ when showing signs of high blood glucose ☐ other _____

Insulin Plan: Please indicate which type of insulin regimen this child uses (check one):

☐ Insulin Pump ☐ Multiple Daily Injections ☐ Fixed Insulin Doses

Specific information related to each insulin regimen/plan is included below for this child.

Type of insulin used at child care (check all that apply): ☐ Regular ☐ Apidra ☐ Humalog ☐ Novolog ☐ NPH
☐ Lantus ☐ Levemir ☐ Mix ☐ Other _____

Plan A: Insulin Pump*

- Always use the insulin pump bolus wizard: ☐ Yes ☐ No
If no, use Insulin:Carbohydrate Ratio and Correction Factor dosage on Plan B.
- Blood glucose must be checked before the child eats and will (check one):
☐ Be sent to the pump by the meter
☐ Need to be entered into the pump
- The insulin pump will calculate the correction dose to be delivered **before** the meal/snack.
- After the meal/snack**, enter the total number of carbohydrates eaten at that meal/snack. The insulin pump will calculate the insulin dose for the meal.
- Contact parent/guardian with any concerns.

For a list of definitions of terms used in this document, please see the *Diabetes Dictionary*.

***Providers should complete Insulin:Carbohydrate ratio and Correction dosage under Plan B section for ALL pump users.**

Plan B: Multiple Daily Injections

- Child will receive a fixed dose of _____ long-acting insulin at _____ ☐ Yes ☐ No
- Follow blood glucose monitoring plan above.
- Use _____ insulin for meals and snacks. Insulin dose for food is _____ unit(s) for meals OR _____ unit(s) for every _____ grams carbohydrate.**

Give injection after the child eats.

- If blood glucose is above target, add correction dose to:

☐ Breakfast ☐ Snack

☐ Lunch ☐ Snack

☐ Other: _____

Use the following correction factor

_____ or this scale:

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

Only add correction dose if it has been 3 hours since the last insulin administration.

C: Fixed Insulin Doses

- Child will receive a fixed dose of long acting insulin? ☐ Yes ☐ No
If yes, give child _____ units of _____ insulin at _____.
- Insulin correction dose at child care (_____ insulin)?
☐ Yes ☐ No
- If blood glucose is above target, add correction dose to:
☐ Breakfast ☐ Snack
☐ Lunch ☐ Snack
☐ Other: _____

Use the following correction factor _____ or the following scale:

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

Only add correction dose if it has been 3 hours since the last insulin administration.

Managing Very Low Blood Glucose

Hypoglycemia Plan for Blood Glucose less than _____ mg/dL

1. Give 15 grams of fast acting carbohydrate.
2. Recheck blood glucose in 15 minutes.
3. If still below 70 mg/dL, offer 15 grams of fast acting carbohydrate, check again in 15 minutes.
4. When the child's blood glucose is over 70, provide 15g of carbohydrate as snack. Do not give insulin with this snack.
5. **Contact the parent/guardian** any time blood glucose is less than _____ mg/dL at child care.

Usual symptoms of hypoglycemia for this child include:

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Fast heartbeat | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weakness/Fatigue |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Blurry vision | <input type="checkbox"/> Irritable/Grouchy |
| <input type="checkbox"/> Dizzy | <input type="checkbox"/> Other _____ | |

1. If you suspect low blood glucose, check blood glucose!
2. If blood glucose is below _____, follow the plan above.
3. If the child is unconscious, having a seizure (convulsion) or unable to swallow:
 - Give glucagon. Mix liquid and powder and draw up to the first hash mark on the syringe. Then inject into the thigh. Turn child on side as vomiting may occur.
 - If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance). After calling 911, contact the parents/guardian. If unable to reach parent, contact diabetes care provider.

Managing Very High Blood Glucose

Hyperglycemia Plan for Blood Glucose higher than _____ mg/dL

Usual symptoms of hyperglycemia for this child include:

- | | |
|---|--|
| <input type="checkbox"/> Extreme thirst | <input type="checkbox"/> Very wet diapers, accidents |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Warm, dry, flushed skin |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Tired or drowsy |
| <input type="checkbox"/> Blurry vision | <input type="checkbox"/> Vomiting** |
| <input type="checkbox"/> Fruity breath | <input type="checkbox"/> Rapid, shallow breathing |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Unsteady walk (more than typical) |

**If child is vomiting, contact parents immediately

Treatment of hyperglycemia/very high blood glucose:

1. Check for ketones in the:
 - ☐ urine
 - ☐ blood (parent will provide training)
2. If ketones are moderate or large, contact parent. If unable to reach parent, contact diabetes care provider for additional instructions.
Contact parent if ketones are trace or small: ☐ Yes ☐ No
3. Children with high blood glucose will require additional insulin if the last dose of insulin was given 3 or more hours earlier. Consult the insulin plan above for instructions. If still uncertain how to manage high blood glucose, contact the parent.
4. Provide sugar free fluids as tolerated.
5. You may also:
 - ☐ Provide carbohydrate free snacks if hungry
 - ☐ Delay exercise
 - ☐ Change diapers frequently/give frequent access to the bathroom
 - ☐ Stay with the child

Diabetes Dictionary

Blood glucose - The main sugar found in the blood and the body's main source of energy. Also called blood sugar. The **blood glucose level** is the amount of glucose in a given amount of blood. It is noted in milligrams in a deciliter, or mg/dL.

Bolus - An extra amount of insulin taken to lower the blood glucose or cover a meal or snack.

Bolus calculator - A feature of the insulin pump that uses input from a pump user to calculate the insulin dose. The user inputs the blood glucose and amount of carbohydrate to be consumed, and the pump calculates the dose that can be approved by the user.

Correction Factor - The drop in blood glucose level, measured in milligrams per deciliter (mg/dl), caused by each unit of insulin taken. Also called **insulin sensitivity factor**.

Diabetic Ketoacidosis (DKA) - An emergency condition caused by a severe lack of insulin, that results in the breakdown of body fat for energy and an accumulation of ketones in the blood and urine. Signs of DKA are nausea and vomiting, stomach pain, fruity breath odor and rapid breathing. Untreated DKA can lead to coma and death.

Fixed dose regimen - Children with diabetes who use a fixed dose regimen take the same "fixed" doses of insulin at specific times each day. They may also take additional insulin to correct **hyperglycemia**.

Glucagon - A hormone produced in the pancreas that raises blood glucose. An injectable form of glucagon, available by prescription, is used to treat severe hypoglycemia or severely low blood glucose.

Hyperglycemia - Excessive blood glucose, greater than 240 mg/dL for children using and insulin pump and greater than 300 mg/dL for children on insulin injections. If untreated, the patient is at risk for **diabetic ketoacidosis (DKA)**.

Hypoglycemia - A condition that occurs when the blood glucose is lower than normal, usually less than 70 mg/dL. Signs include hunger, nervousness, shakiness, perspiration, dizziness or light-headedness, sleepiness, and confusion. If left untreated, hypoglycemia may lead to unconsciousness.

Insulin - A hormone that helps the body use glucose for energy. The beta cells of the pancreas make insulin. When the body cannot make enough insulin, it is taken by injection or through use of an insulin pump.

Insulin Pump - An insulin-delivering device about the size of a deck of cards that can be worn on a belt or kept in a pocket. An insulin pump connects to narrow, flexible plastic tubing that ends with a needle inserted just under the skin. Pump users program the pump to give a steady trickle or constant (basal) amount of insulin continuously throughout the day. Then, users set the pump to release bolus doses of insulin at meals and at times when blood glucose is expected to be higher. This is based on programming done by the user.

Ketones - A chemical produced when there is a shortage of insulin in the blood and the body breaks down body fat for energy. High levels of ketones can lead to **diabetic ketoacidosis** and coma.

Multiple Daily Injection Regimen - Multiple daily insulin regimens typically include a basal, or long acting, insulin given once per day. A short acting insulin is given by injection with meals and to correct hyperglycemia, or elevated blood glucose, multiple times each day.

Type 1 Diabetes - Occurs when the body's immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. Type 1 diabetes develops most often in young people but can appear in adults. It is one of the most common chronic diseases diagnosed in childhood.

Physician Signature _____





My Asthma Action Plan

Name: _____ DOB: ____ / ____ / ____

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list): _____

Peak Flow Meter Personal Best: _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter _____ (more than 80% of personal best)

Control Medicine(s)	Medicine	How much to take	When and how often to take it
	_____	_____	_____
	_____	_____	_____

Physical Activity ☐ Use Albuterol/Levalbuterol _____ puffs, 15 minutes before activity
☐ with all activity ☐ when you feel you need it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) ☐ Albuterol/Levalbuterol _____ puffs, every 4 hours as needed
Control Medicine(s) ☐ Continue Green Zone medicines
☐ Add _____ ☐ Change to _____

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! ☐ Albuterol/Levalbuterol _____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Emergency Contact Name _____ Phone (_____) _____ - _____

Emergency Contact Name _____ Phone (_____) _____ - _____

Date: ____ / ____ / ____

1-800-LUNGUSA | Lung.org

Over the Counter Medication Request

The following OTC Medications are requested to be administered as a **daily preventative** to:

_____, for the duration of _____.
(Camper First, Last Name) (Session #)

Medication Name: <input type="text"/> Dosage: <input type="text"/> Indication of Need: <input type="text"/> Time of Administration (Circle): <input type="text"/> Breakfast <input type="text"/> Lunch <input type="text"/> Dinner <input type="text"/> Bedtime	Medication Name: <input type="text"/> Dosage: <input type="text"/> Indication of Need: <input type="text"/> Time of Administration (Circle): <input type="text"/> Breakfast <input type="text"/> Lunch <input type="text"/> Dinner <input type="text"/> Bedtime
Medication Name: <input type="text"/> Dosage: <input type="text"/> Indication of Need: <input type="text"/> Time of Administration (Circle): <input type="text"/> Breakfast <input type="text"/> Lunch <input type="text"/> Dinner <input type="text"/> Bedtime	Medication Name: <input type="text"/> Dosage: <input type="text"/> Indication of Need: <input type="text"/> Time of Administration (Circle): <input type="text"/> Breakfast <input type="text"/> Lunch <input type="text"/> Dinner <input type="text"/> Bedtime

The following is REQUIRED for all daily preventative over the counter medications:

Daily Preventative Over the Counter (OTC) Medications are described as over the counter medication taken at the same time daily to prevent symptoms and illness. An example of this includes OTC allergy meds for allergy symptoms.

Over the counter medications checked in to camp must be given as a daily preventative. Please do not check in over the counter medications that are taken on an as needed basis (i.e. ibuprofen in the event of headache). Our health center stocks the most common over the counter medications and we give OTC's as needed from our supply.

All medications, including daily preventative over the counters, must be packaged in a blister pack or in the original containers. Please only check in the amount needed for your camper's time at camp.

All blister packed medications must be accompanied by an attached photo of the original container. **Blister packs without accompanying photos of the written prescription or original packaging will not be administered.**

All medications, including daily preventative OTC's must be submitted on your campers CampDoc Health Profile. Please print this form and submit with your camper's medications at check in.

Parent Signature:	Date signed
Doctor Signature:	Date signed

Name: _____ D.O.B.: _____

Allergic to: _____

 Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**PLACE
PICTURE
HERE**

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

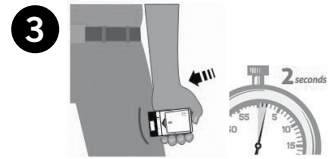
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

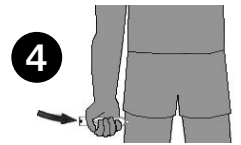
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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



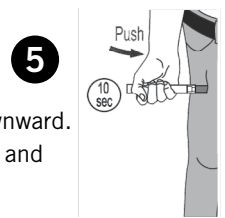
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



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. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



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: _____

SEIZURE ACTION PLAN (SAP)



END EPILEPSY

Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply) ☒

- ☐ First aid – **Stay. Safe. Side.**
- ☐ Give rescue therapy according to SAP
- ☐ Notify emergency contact
- ☐ Notify emergency contact at _____
- ☐ Call 911 for transport to _____
- ☐ Other _____

First aid for any seizure

- ☐ **STAY** calm, keep calm, **begin timing seizure**
- ☐ Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- ☐ **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- ☐ **STAY** until recovered from seizure
- ☐ Swipe magnet for VNS
- ☐ Write down what happens _____
- ☐ Other _____

When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- ☐ Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- ☐ Difficulty breathing after seizure
- ☐ Serious injury occurs or suspected, seizure in water

When to call your provider first

- ☐ Change in seizure type, number or pattern
- ☐ Person does not return to usual behavior (i.e., confused for a long period)
- ☐ First time seizure that stops on its' own
- ☐ Other medical problems or pregnancy need to be checked



When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is person able to resume usual activity? _____

Special instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted _____

Diet Therapy ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other (describe) _____

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature _____ Date _____

Provider signature _____ Date _____