



Kawm Ntawv Xyoo _____

Place
Picture
Here

KEV PAB THAUS MENYUAM PHIV (Phiv Kab, Zaubaom Ios Yas)

Menyuam Npe _____ Hnub Yug _____
 Tsev Kawm Ntawv _____ Qib _____ Naikhu/Homeroom _____
 Niamtxiv/Tus Saib Xyuas _____
 Chaw Nyob _____
 Xovtooj (Hauv tsev) _____ Xovtooj (Ntawm tes) _____ Xovtooj (Haujlwm) _____
 Tivtauj thaum Xwmceev _____ Txheeb li cas _____
 Xovtooj (Hauv tsev) _____ Xovtooj (Ntawm tes) _____ Xovtooj (Haujlwm) _____
 Kws Kho Mob _____ Xovtooj _____

*Zaub mov phiv/tsi haum lub cev zom tsi tau qee yam zaub mov, lossis yam zaub mov ntawd mus ua rau tej plab hnyuv ua haujlwm tsi zoo. Cov cim ua phiv zaub mov xwsli xeevsab, tsam plab, mob plab, raws plab, tsi tau zoo nyob lossis mob taubhau.

Kuv tus menuam TSI MUAJ khoom phiv, tiamsi muaj tej zaubmov noj tsi haum: _____

Txwv txhua lub sijhawm pub meme rau los tau Tsi txwv hauv tsev kawm ntawv

Taus noj zaubmov tsi haum, kuv tus menuam cov cim mob yog: _____

*Kev Phiv Zaubaom tshwmsim thaum cov roj ntsha tua kabmov hauv lub cev pom tias zaubmov yog yam uas los tawmtsam nws. Qhov no dhau mus ua khoom phiv thiab tshwm tej cim mob xwsli ua xua, ntuav, mob plab, cajpas nrui nrui, hais lus hawb hawb, hnoos, teebmeem ua pa, ntshav poob qis. Ua rau tuag tau.

PAB KHO KEV PHIV

Kuv tus menuam phiv: _____

Yog koj tus menuam phiv yas, puas tshem tej yas tawm ib ncig ntawm nws hauv tsev kawm ntawv mus? Tshem Tsi Tshem

Khij cov cim mob koj tus menuam muaj dhau los lawm thaum nws phiv:

<input type="checkbox"/> Pob Xua.	<input type="checkbox"/> Khaus	<input type="checkbox"/> Hauv Siab Ceev Ceev	<input type="checkbox"/> Ua Pa Nyuaj
<input type="checkbox"/> Nplais su/o.	<input type="checkbox"/> Kiv taubhaus.	<input type="checkbox"/> Ntshav Poob Qis	<input type="checkbox"/> Tsi Hnov
<input type="checkbox"/> Lub chaw ntawd su/o	<input type="checkbox"/> Lub chaw ntawd liab liab	<input type="checkbox"/> Lwm yam _____	

Yog cov cim mob tshwm tuaj, yuav tshwm sai npaum cas thiab cov neeg ua haujlwm hauv tsev kawm ntawv yuavtsum tau ua dabtsi pab rau? _____

Koj tus menuam puas muaj txog txog siav (asthma): Muaj (cim mob yuav tshwm yoojyim dua)
 Tsi muaj

Menyuam hnyav: _____ lbs.

Koj tus menuam puas yuavtsum tau siv tshuaj

phiv? ***Yuavtsum muaj Daim Ntawv Tso Cai Siv Tshuaj***

Koj tus menuam puas siv tus Epi Pen?

Koj tus menuam puas tso ib tus Epi Pen rau
hauv tsev kawm ntawv?

Siv Tsi siv Dabtsi? _____

Siv Tsi siv
 Tso Tsi tso Tso Twg? _____

Yog yuavtsum tau siv tshuaj hauv tsev kawm ntawv, yuavtsum tau ua daim ntawv **Tso Cai Siv Tshuaj** kom tiav

Yog koj tus menuam yuavtsum tau noj tej yam zaubmov txawv vim nws muaj phiv, koj **yuavtsum** hais rau **Tsev Kawm Ntawv Qhov Chaws Saib Xyuas Zaubaom** ntawm xovtooj (920)208-4587

Niamtxiv/Tus Saib Xyuas Kos Npe _____ **Hnub tim** _____

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

			
LUNG Short of breath, wheezing, repetitive cough	HEART Pale, blue, faint, weak pulse, dizzy	THROAT Tight, hoarse, trouble breathing/swallowing	MOUTH Significant swelling of the tongue and/or lips
			OR A COMBINATION of symptoms from different body areas.
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	

1. INJECT EPINEPHRINE IMMEDIATELY.

- Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they 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.

MILD SYMPTOMS

			
NOSE Itchy/runny nose, sneezing	MOUTH Itchy mouth	SKIN A few hives, mild itch	GUT Mild nausea/discomfort

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

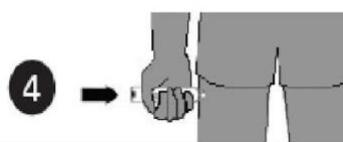
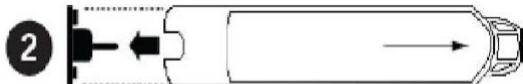
FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

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

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

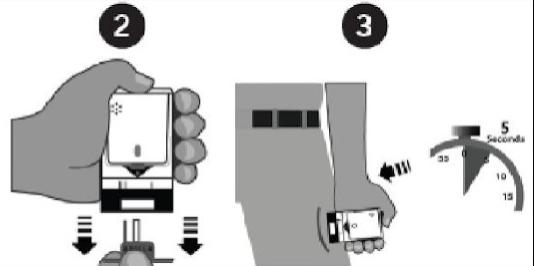
EPIPEN® (EPINEPHRINE) AUTO-Injector DIRECTIONS

- Remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Swing and firmly push orange tip against mid-cuter thigh.
- Hold for approximately 10 seconds.
- Remove and massage the area for 10 seconds.



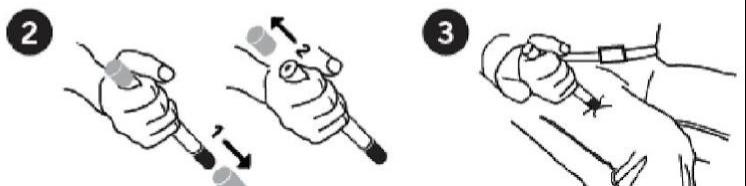
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

- Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
- Pull off red safety guard.
- Place black end against mid-outer thigh.
- Press firmly and hold for 5 seconds.
- Remove from thigh.



ADRENAClick®/ADRENAClick® GENERIC DIRECTIONS

- Remove the outer case.
- Remove grey caps labeled "1" and "2".
- Place red rounded tip against mid-outer thigh.
- Press down hard until needle penetrates.
- Hold for 10 seconds. Remove from thigh.



This information may be shared with the classroom teacher(s), bus driver, and other appropriate school personnel with a need to know. www.foodallergy.org/document.doc?id=234