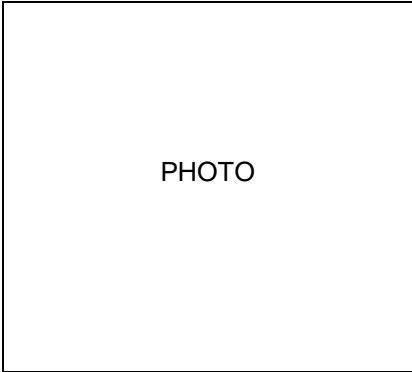


ANAPHYLAXIS EMERGENCY PLAN

NAME _____ AGE _____



This person has a potentially life-threatening allergy (anaphylaxis) to:

- 1. Peanut Insect stings/bites
- 2. Tree nuts Latex
- 3. Egg Medication _____
- 4. Milk Other _____

This person is **asthmatic**. Asthmatic individuals are at a greater risk. If person having a reaction and has difficulty breathing, administer epinephrine auto-injector **before** asthma medication.

The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “may contain” warning.

Epinephrine Auto-Injector Expiration Date _____

Location of Auto-Injector(s) _____

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- 1. **Skin:** hives, swelling, itching, warmth, redness, rash
- 2. **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- 3. **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- 4. **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light headed, shock
- 5. **Other:** anxiety, feeling of “impending doom”, headache

Early recognition of symptoms and immediate treatment could save a person’s life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

- 1. **Give epinephrine auto-injector** (e.g. EpiPen or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner IF the reaction continues or worsens.
- 2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
- 3. **Go to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back
- 4. **Call parent or guardian.**

Emergency Contact Information

| Name | Relationship | Home Phone | Work Phone | Cell Phone |
|------|--------------|------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |

The undersigned, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the child’s physician. The training regarding the administration of the emergency medication was provided by:

- Parent Physician Nurse First Aid/CPR certified Other

Parent/Guardian Signature

Date

Physician Signature

Date