

Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____

Allergies: _____

Asthma Yes (*high risk for severe reaction*) No

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

Symptoms of Anaphylaxis

MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNGS*	shortness of breath, cough, wheeze
HEART*	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):

- 0.1 mg (16.5 lbs to less than 33 lbs) Specify brand: _____
- 0.15 mg (33 lbs to less than 66 lbs) Specify brand: _____
- 0.3 mg (66 lbs or more) Specify brand: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or emergency medical services (before calling contact)

3. Emergency contact #1: home _____ work _____ cell _____

Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

Comments: _____

Doctor's Signature/Date/Phone Number

Parent's Signature (for individuals under age 18 yrs)/Date

NON-FOOD Allergy Action Plan

Doctor Signature on file
confirming allergy on the Child
Physical/Well-Check

Child's Name: _____ Date of Birth: _____

Allergy to: _____

- Drug Allergy: Hives, rash, and fever are common symptoms.
- Insect Sting or Bite: minor skin irritation, itching rash, hives, w/out severe or life threatening reaction.
- Contact Dermatitis: red rash where skin came into contact with the irritant.
- Latex Allergy: minor skin irritation, itching rash or hives.
- Seasonal Allergies: symptoms include sneezing, runny nose, and red, watery, and itchy eyes.
- Allergic Asthma: allergy affecting the lungs can lead to asthma symptoms such as wheezing and difficulty breathing.
- Mold Allergy: symptoms include cough, itchy, watery eyes, and hives. People who have asthma may experience wheezing & difficulty breathing
- Other: _____

My child does NOT experience an anaphylactic reaction to the above listed allergen _____
Parent Initials

My child does NOT require emergency medication for the above allergy _____
Parent Initials

My child takes a daily medication for the prevention/treatment of this allergy _____
Parent Initials

Special instructions for school: _____

When your child is experiencing symptoms due to the above listed allergy – please inform your child's teacher upon drop-off. This will ensure that your child can be monitored.

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Nurse Signature _____ Date _____