

Anaphylaxis Emergency Plan

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

Name of Student _____

Photo
of
Student

Check the appropriate boxes.

Peanut Tree Nuts Egg Milk Insect Stings Latex

Other: _____ Medication: _____

Food: 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: Expiry Date: _____ / _____

Dosage: EpiPen® Jr.0.15 mg EpiPen® 0.30 mg Twinject™ 0.15 mg Twinject™ 0.30 mg

Location of Auto-Injector(s): _____

Asthmatic: Person is a greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

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

- Skin: hives, swelling, itching, warmth, redness, rash
- 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
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females

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® pr 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 contact person.

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Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian or patient, authorizes any adult to administer epinephrine to the above-name patient in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Parent/Guardian or Patient Signature

Date