

# Allergy and Anaphylaxis Emergency Plan

Child's Name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

## Additional Instructions:

### For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a blush color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

**SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food (s): \_\_\_\_\_. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

### Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
  - Ask for ambulance with epinephrine.
  - Tell rescue squad when epinephrine was given.
3. Stay with child and:
  - Call parents and child's doctor.
  - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
  - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his/her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
  - Antihistamine
  - Inhaler/bronchodilator

### For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child.**

Symptoms may include:

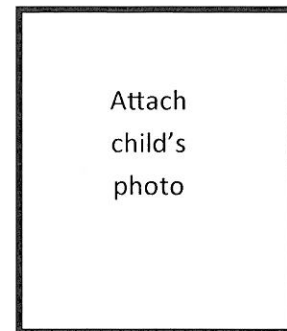
- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

### Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (see "For Severe Allergy and Anaphylaxis.")

# Allergy and Anaphylaxis Emergency Plan



Child's Name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_

Child has allergy to \_\_\_\_\_

Child has asthma.  Yes  No (If yes, higher chance severe reaction)

Child has had anaphylaxis.  Yes  No

Child may carry medicine.  Yes  No

Child may give him/herself medicine.  Yes  No

Describe allergy: \_\_\_\_\_

Specific triggers: \_\_\_\_\_

Avoidance techniques: \_\_\_\_\_

Symptoms of an allergic reaction: \_\_\_\_\_

Procedure for responding to an allergic reaction (include medication, dosages): \_\_\_\_\_

## Medicine/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose: \_\_\_\_\_

Antihistamine, by mouth (type and dose): \_\_\_\_\_

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

## Contacts

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_