

Date of Plan: _____

Name: _____ Date of Birth: _____

Allergy to: _____ Weight: _____ lbs.

Child has asthma: Yes No Child has had anaphylaxis: Yes No

Child may carry medicine: Yes No Child may give him/herself medicine: Yes No

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

Extremely reactive to the following allergens: _____

If checked, give epinephrine immediately if the allergen was likely eaten, for any symptoms.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are apparent.

SEVERE SYMPTOMS



Lung

Shortness of breath, wheezing,



Heart

Pale/blush skin, faintness, weak pulse, dizziness



Throat

Tight/hoarse throat, trouble breathing/ swallowing



Mouth

Significant swelling of tongue/lips



Skin

Many hives, widespread redness



Gut

Severe diarrhea, repetitive vomiting



Other

Anxious, confused

Or combination of symptoms from different body areas.



1. **Inject Epinephrine Immediately** and stay by child.
2. **Call 911** and tell dispatcher person is having anaphylaxis and person may need epinephrine when emergency responders arrive. Note time epinephrine was given.
3. Lay child flat, raise legs and keep warm. If breathing is difficult or if they are vomiting, let them sit up or lie on side.
4. Call child's emergency contacts and doctor.
5. Consider giving additional medications following epinephrine (antihistamine, inhaler/bronchodilator if wheezing). If the symptoms worsen or do not get better in 5 minutes, give a second dose of epinephrine.

MILD SYMPTOMS



Nose

Itchy, runny, sneezing



Mouth

Itchy



Skin

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 area:

1. Give antihistamines, if prescribed, and stay by child.
2. Call child's emergency contacts.
3. Watch closely for changes, if symptoms worsen, see severe symptoms section and give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand: _____

Antihistamine Dose: _____

Other: (e.g. inhaler-bronchodilator if wheezing) _____

EMERGENCY CONTACTS

Parent/Guardian(s): _____ Phone 1 : _____ Phone 2: _____

Other Emergency Contact: _____ Phone 1: _____ Phone 2: _____

Doctor: _____ Phone 1: _____ Phone 2: _____

Parent/Guardian Authorization Signature: _____ Date: _____

Physician/HCP Authorization Signature: _____ Date: _____