Anaphylaxis Action Plan

| "And | For those requiring e aphylaxis is a serious allergic rea | mergency epinephrine tr ction that is rapid in ons | | |
|---|---|---|--|--|
| Name | | | DOB | |
| ALLERGIC to: | | | | Photo |
| History of Asthma: Yes* | ☐ No History of Anaphylaxis: | ☐ Yes* ☐ No *Mo | ore at risk for severe reaction | |
| STEP 1: PREPARING for an emergency | EPINEPHRINE DOSE: K □ EpiPen Jr. (0.15 mg) – up to □ EpiPen (0.3 mg) – abov □ Twinject (0.15 mg) – up to □ Twinject (0.3 mg) – abov May self-carry medications: □ | o 44 lbs (20 kg) ve 44 lbs o 44 lbs ve 44 lbs | ANTIHISTAMINE TYPI Benadryl (also known as D 12.5 mg (1 teaspoons of 25 mg (2 teaspoons of 50 mg (4 teaspoon | Diphenhydramine) r 1 chewable) or 2 chewables) or 4 chewables) |
| <u> </u> | BODY SYSTEMS: | | SYMPTOMS: | |
| STEP 2: EVALUATING their reaction | Mouth | | swelling of lips, tongue, or mouth | |
| | Skin Hives, itchy rash, or s | | | |
| | Gut Nausea, abdominal cramps, vomiting, or diarrho | | | |
| | Throat | · · | hoarseness, or hacking coug | |
| | Lung | Shortness of breath, o | coughing, or wheezing | |
| | Heart | Weak pulse, dizzines | s, fainting, or pale or blue sk | in |
| ↓ | OTHER: | | | |
| STEP 3: TREATING him/her in an emergency | If allergic food EATEN and ANY SYMPTOMS other than mouth If allergic food NOT known to be eaten, plus TWO or more body systems of symptoms If bee sting GIVE EPINEPHRINE CALL 911 GIVE ANTIHISTAMINE RE-EVALUATE AS IN STEP 4 | | If allergic food EATEN only in and around mo large of the control | N and SYMPTOMS with CAMINE WATCH PERSON CS RINE CAMINE |
| STEP 3b: TREATING for unique situations | | | | _ □ see additional page |
| STEP 4: RE-EVALUATING | Watch person closely until tra worsening or not improving, | | | , 0 |
| STEP 5: ALERTING | 1 Phone #(s) | | | |
| Parent or emergency | 2 Phone #(s) | | | |
| contacts | Don't wait for emergency contact | before treating the person | and sending them to an Emerg | gency Dept. via ambulance |
| Health care provider | Signatur | e | Date | Office |
| Patient or Parent signature | | | | |

Page 2: School/Daycare/Work Page 3: Chart Page 1: Patient

| Designated, trained adults to admini | ister medications: |
|--------------------------------------|--------------------|
| 1 | |
| 2 | |
| 3 | |
| Storage location of Antihistamines: | |
| Storage location of Epinephrine: | |

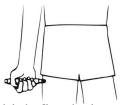
Instructions for Epinephrine injection:

EpiPen® and EpiPen® Jr. Directions

• Pull off gray activation cap.



• Hold black tip near outer thigh (always apply to thigh).



• Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen[®] or Twinject[™] is used, call 911 immediately. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For a link to the EpiPen and Twinject companies training videos, go to www.clinics4kids.org and click on Anaphylaxis in the left-hand column. Additional support materials can also be found there.

For accidental injection with Epinephrine, please consult your regular doctor immediately or go straight to an Emergency Room for evaluation.

Children's * Physician