

PLACE
PICTURE
HERE

Age: _____ D.O.B.: _____

Weight: _____

Height: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Is the child severely reactive to the following foods: _____

BEFORE:
If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG
Shortness of breath, wheezing, repetitive cough



HEART
Pale, blue, faint, weak pulse, dizzy



THROAT
Tight, hoarse, trouble breathing/swallowing



MOUTH
Significant swelling of the tongue and/or lips



SKIN
Hives over widespread redness



GUT
Repetitive vomiting, severe diarrhea



OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



INJECT EPINEPHRINE IMMEDIATELY.

Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

Consider giving additional medications following epinephrine:

Antihistamine

Inhaler (bronchodilator) if wheezing

Place the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.

Alert emergency contacts.

Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE
Itchy/runny nose, sneezing



MOUTH
Itchy mouth



SKIN
A 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 SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

OVER