

Summer Day Camp: Child Allergy Emergency Action Plan

Child's Name: Birth date:

Weight: lbs. Asthma: Yes (higher risk for severe reaction) No

Allergies:

Triggers to Allergies:

Techniques to Avoid Allergen Exposure:

Doctors Name: Doctors Phone Number:

Extremely reactive to the following:

- If checked, give epinephrine immediately for ANY symptoms if allergen was *likely* eaten or come into contact with.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten or come into contact with, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

Check all that apply to your child.

One of more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, crampy pain

OTHER SYMPTOMS:

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring
4. Give additional medications:
 - Antihistamine
 - Inhaler if asthma

OTHER:

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort

OTHER SYMPTOMS:

1. GIVE ANTIHISTAMINE

2. Stay with child; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring

OTHER:

Medications/Doses

Epinephrine (brand and dose):

Antihistamine (brand and dose):

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

Monitoring: Stay with the child; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.

Parent/Guardian signature: _____ Date: _____