Allergy and Anaphylaxis Emergency Plan

Parent/Guardian Authorization Signature



Child's name: Date Date of birth: / / Age Weight:	of plan: Attach child's	
Child has allergy to	photo	
Child has asthma.		
IMPORTANT REMINDER Anaphylaxis is a potentially life-threating, severe allergic reaction. If in doubt, give epinephrine.		
For Severe Allergy and Anaphylaxis What to look for	Give epinephrine! What to do	
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 bluish 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):	 Inject epinephrine right away! Note time when epinephrine was given. Call 911. Ask for ambulance with epinephrine. Tell rescue squad when epinephrine was given. 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 or her side. 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.")	
Medicines/Doses Epinephrine, intramuscular (list type):		

Physician/HCP Authorization Signature

Date

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Child's name:	_Date of plan:
Additional Instructions:	
Contacts	
Call 911 / Rescue squad: ()	
Doctor:	Phone: (
Parent/Guardian:	Phone: ()
Parent/Guardian:	Phone: ()
Other Emergency Contacts	
Name/Relationship:	Phone: ()
Name/Relationship:	Phone: ()