



Baldwin Union Free School District
Anaphylaxis Emergency Action Plan

Patient Name _____ Grade: _____ Age: _____

Allergies: _____

Asthma: Yes (high risk for severe reaction) No

Additional health problems besides anaphylaxis: _____

Concurrent Medications: _____

Symptoms of Anaphylaxis

MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath
HEART*	weak pulse, dizziness, passing out

Only a few symptoms may be present Severity of symptoms can change quickly.

*Some symptoms can be life-threatening. ACT FAST!

Emergency Actions Steps – Do NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- | | |
|--|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg) | <input type="checkbox"/> Auvi-Q (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15mg) | <input type="checkbox"/> EpiPen (0.3 mg) |

Allow student to self-carry EpiPen

Epinephrine Injection, USP Auto-injector-authorized generic

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> (0.15 mg) | <input type="checkbox"/> (0.3 mg) |
| <input type="checkbox"/> Other (0.15 mg) | <input type="checkbox"/> (0.3 mg) |

Specify others: Administer EpiPen after 10 minutes if patient is still symptomatic.

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON DURING ANAPHYLAXIS

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: Home _____ Work _____ Cell _____
 Emergency contact #2: Home _____ Work _____ Cell _____
 Emergency contact #3: Home _____ Work _____ Cell _____

Comments: _____

Doctor's Signature/Date/Phone Number

Parent's Signature (for individuals under age 18 yrs.) Date