

# Student Health Services

## Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (*high risk for severe reaction*)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

Symptoms of Anaphylaxis	
MOUTH	<i>itching, swelling of lips and/or tongue</i>
THROAT*	<i>itching, tightness/closure, hoarseness</i>
SKIN	<i>itching, hives, redness, swelling</i>
GUT	<i>vomiting, diarrhea, cramps</i>
LUNG*	<i>shortness of breath, cough, wheeze</i>
HEART*	<i>weak pulse</i>

**Only a few symptoms may be present. Severity of symptoms can change quickly.  
\*Some symptoms can be life-threatening. ACT FAST!**

### Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):  Adrenaclick (0.15 mg)  Adrenaclick (0.3 mg)  
 EpiPen Jr (0.15 mg)  EpiPen (0.3 mg)  
 \_\_\_\_\_  \_\_\_\_\_  
Epinephrine Injection, USP Auto-injector- authorized generic  
 (0.15 mg)  (0.3 mg)  
 Other (0.15 mg)  Other (0.3 mg)

Specify others: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN 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)

\_\_\_\_\_  
Nurses Supervisors' Signature/Date