

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

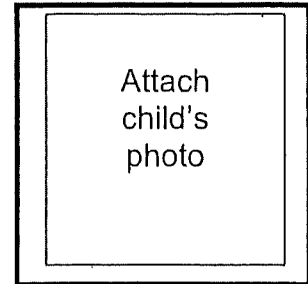
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: _____ kg

Child has allergy to _____



- Child has asthma. Yes No (If yes, higher chance severe reaction)
 Child has had anaphylaxis. Yes No
 Child may carry medicine. Yes No
 Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



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): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. 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.
4. 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): _____ Dose: 0.10 mg (7.5 kg to 15 kg)
 0.15 mg (15 kg to 25 kg)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____

Date _____

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: _____

ASTHMA ACTION FORM

Healthcare Providers' Orders




Patient's Name: _____ Date of Birth: _____

Allergies: _____ Today's Date: _____

TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER

Take: _____ 15 to 20 minutes before sports or play.

Student may: Self Carry Self Administer Has demonstrated to me proficient use (initial) _____


GREEN: WELL PLAN 

I/My child feels well.

- No cough / No wheeze
- Can play or exercise normally
- Peak flow number is above _____
- Personal best peak flow is _____

Use these medicines every day to control asthma symptoms. Remember to use spacer with inhaler.

MEDICINE	DOSE	HOW TO TAKE	WHEN TO TAKE
_____	_____	_____	_____
_____	_____	_____	_____

YELLOW: SICK PLAN 


I/My child does not feel well.

- Coughing / Wheezing
- Tight Chest
- Shortness of breath
- Waking up in the night
- First sign of a cold
- Peak flow is between _____ and _____

Continue DAILY MEDICINE and ADD:

QUICK RELIEF	DOSE	HOW TO TAKE	WHEN TO TAKE
_____	_____	_____	_____
_____	_____	_____	_____

If needing quick relief medicine more than every 4 hours or every 4 hours for more than a day, call the doctor at the phone number below. Call doctor/clinic anytime there is no improvement or with any questions! For School Use: Contact Parent.

RED: EMERGENCY PLAN 

I/My child feels awful.

- Breathing is hard and fast
- Wheezing a lot
- Can't talk well
- Rib or neck muscles show when breathing
- Nostrils open wide when breathing
- Medicine is not helping

Take quick relief medicine _____ puffs, or one nebulizer/breathing treatment every 15 minutes until you reach a doctor. Side effects of rescue medication include increased heart rate and jittery feeling.

If a doctor cannot be reached, please go to the Emergency Room or **CALL 911.**

For School Use: Follow Emergency Plan and contact parent.

Healthcare Provider (print name): _____ Phone Number: _____

Healthcare Provider (sign & date): _____ Emergency Phone: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Food Allergies: _____

Triggers:	Cold Air Weather Change Pollen	Mold Stuffed Animals Colds/URI	Strenuous Exercise Animal Fur Strong Emotions	Tobacco Smoke Dust Mites/Dust Wood Smoke	Strong Odor/Perfume Chemicals
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I authorize the exchange of medical information about my child's asthma between the physician's office and school nurse/staff.

Parent/Guardian (print name): _____ Phone Number: _____

Parent/Guardian (sign & date): _____ Cell Phone: _____

School Nurse (print name): _____ Phone Number: _____

School Nurse (sign & date): _____

PATIENT'S PHOTO

Patient's Name:

