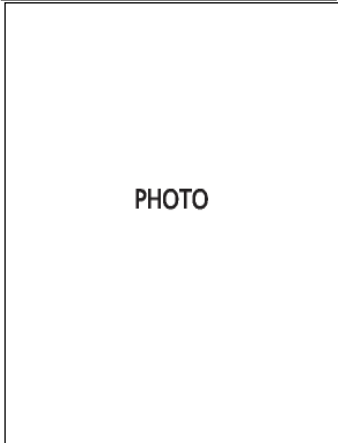


# Anaphylaxis Emergency Plan

Name: \_\_\_\_\_



**This person has a potentially life-threatening allergy (Anaphylaxis) to:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Peanut    | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg       | <input type="checkbox"/> Latex         |
| <input type="checkbox"/> Milk      | <input type="checkbox"/> Medication:   |

**Food:** The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “*may contain*” warning.

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_

- Dosage:**  EpiPen® Jr 0.15 mg     EpiPen® 0.30 mg  
 Twinject™ 0.15 mg     Twinject™ 0.30 mg

**Location of Auto-Injector(s):** \_\_\_\_\_

**Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

## A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache

*Early recognition of symptoms and immediate treatment could save a person’s life.*

**Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.**

1. **Give epinephrine auto-injector (e.g. EpiPen® or Twinject™)** at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Remove causative agent.** I.e. Latex glove, perfume, peanuts.
4. **Go to the nearest hospital,** even if symptoms are mild or have stopped.
5. **Call contact person.**

I \_\_\_\_\_ have been trained in the proper method of administering

(Educator’s name )

\_\_\_\_\_ to \_\_\_\_\_ and this

(Type of medication)

(Child’s Name)

training was completed this \_\_\_ day of \_\_\_ 20\_\_\_, by \_\_\_\_\_.

(trained person/parents name)

**Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Cell Phone

*I, the undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.*

*This protocol has been recommended by the patient's physician.*

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date