

Allergy and Anaphylaxis Emergency Plan

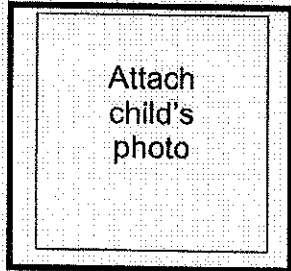
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: _____ Date of plan: _____

Date of birth: ___/___/___ Age ___ Weight: _____ kg ID # _____

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 more than 1 symptom or 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 less than 13 kg)*
 0.15 mg (13 kg to less than 25 kg)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

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: _____

Parent: Please read and sign below:

I am Submitting:

1. The Allergy and Anaphylaxis Emergency Plan
2. A current, pre-filled single dose auto-injector mechanism containing epinephrine (EpiPen)

I understand that this request/authorization is effective for the school year in which it is granted and must be renewed each subsequent school year.

I have received written information regarding the emergency administration of epinephrine via EpiPen and the district shall have no liability as a result of any injury arising from the administration of the EpiPen to my child.

I understand the district's policy and regulations regarding the emergency administration of epinephrine and will hold harmless the district and its employees or agents against any claims arising out of the administration of the EpiPen to my child.

Signature of Parent/Guardian

Print Name

Date

Contacts

Preferred Hospital: _____

Doctor: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Emergency Contacts

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____