



EMERGENCY MEDICATION ACTION PLAN ANAPHYLAXIS

This child has a potentially life-threatening allergy (anaphylaxis) to:

Childs Name _____

PHOTO

Allergies: Check the appropriate boxes

- Peanut Other: _____
 Tree Nuts Insect Stings
 Egg Latex
 Milk 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.

Typical symptoms of anaphylactic reaction include:

- | | | |
|------------|---|---|
| Skin: | <input type="checkbox"/> Swelling (eyes, lips, face, tongue) | <input type="checkbox"/> Flushed body or face |
| | <input type="checkbox"/> Cold, Clammy, Sweaty Skin | |
| Breathing: | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Difficulty Breathing or Swallowing |
| | <input type="checkbox"/> Coughing | <input type="checkbox"/> Voice Change |
| | <input type="checkbox"/> Nasal Congestion or hay fever like symptoms (runny itchy nose and watery eyes, sneezing) | |
| Stomach: | <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting |
| | <input type="checkbox"/> Stomach Cramps | <input type="checkbox"/> Diarrhea |
| Heart: | <input type="checkbox"/> Pale/Blue Colour | <input type="checkbox"/> Weak Pulse |
| | <input type="checkbox"/> Fainting or Loss of Consciousness | <input type="checkbox"/> Dizziness or Confusion |

Other: _____

Emergency Treatment Procedures are:

- 1. Give epinephrine auto-injector** 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. Go to the nearest hospital,** even if symptoms are mild or have stopped.
- 4. Call contact person.**

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian hereby authorizes SEAPARC staff to administer epinephrine to the above named child in the event of an anaphylactic reaction as described above.

Parent/Guardian Signature

Date