ANAPHYLAXIS ACTION PLAN

Name	Age/DOB
Allergy: Peanut Insect sting shellfish latex	□medication other:
History of Anaphylaxis (see pg. 2)? □ Yes □ No High risk for severe reaction? □ Yes □ No Other health problems besides anaphylaxis:	History of asthma? □Yes □ No
Currently used medications:	

Permission to treat the child immediately

Parent/Guardian signature:

Legal Disclaimer:

Signs & Symptoms of Anaphylaxis: May appear anxious or express a sense of impending doom

Mouth	Itching, swelling of lips and/or tongue	Skin	Flushing, rash, hives, swelling of face
Nose	Runny, itchy nose, or sneezing.	Gut	Abdominal cramps, nausea, vomiting, diarrhea
Eyes	Watery, red eyes	Lung	Shortness of breath, wheezing, cough, increased
			respirations
Throat	Itching, difficulty swallowing, hoarseness,	Heart	Weak pulse, low blood pressure, dizzy, passing out,
	tightness/closure		loss of consciousness

IF 2 OR MORE SYMPTOMS ARE PRESENT, ACT FAST! SYMPTOMS LITERALLY CHANGE WITHIN SECONDS.

EPINEPHERINE IS THE FIRST LINE OF TREATMENT!				
What to do in order of importance:				
1. Inject epinephrine in thigh				
□ EpiPen Jr. (0.15 mg) □Twinject (0.15	□Twinject (0.15 mg) <u>Only the first dose of Twinject is auto-injectable</u>			
□ EpiPen (0.3 mg) □Twinject (0.3 n				
2. Call 911 or Rescue Squad				
3. Other medications ordered				
4. Observe for signs of improvement. If no improvement in 10-15 minutes, give 2 nd dose of epinephrine.				
Continue to observe				
Signature of				
Health Care Provider:	Date:			
Management of anaphylaxis	Side effects of epinephrine are usually mild and			
	subside within a few minutes			
1. Epinephrine injection	Rapid heart rate			
2. Remove anaphylaxis trigger if identifiable	Flushing or paleness			
3. Position feet higher than heart or lay flat	Dizziness			
4. Maintain airway; use oxygen if needed and	Weakness			
available	Tremors			
5. Monitor vital signs	Headache			

Date:

Student	name:
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School:

Emergency contacts:

Name	Phone	Relationship

DATE & TIME	MEDICATION/DOSE/ROUTE	NOTES on this event
		<u> </u>

Signature of person giving injection/treatment and time(s) of administration

Factors to consider in history taking Allergic children have a higher risk of anaphylaxis Children most often anaphylax to food antigens (adults most often to insect stings) Under the age of 15, anaphylaxis is more prevalent in boys than girls Likelihood of repeat episode of anaphylaxis decreases as the time interval increases between original episode and re-exposure

Allergy & Asthma Network Mothers of Asthmatics www. breatherville.org © cjones