## **Anaphylaxis Action Plan**

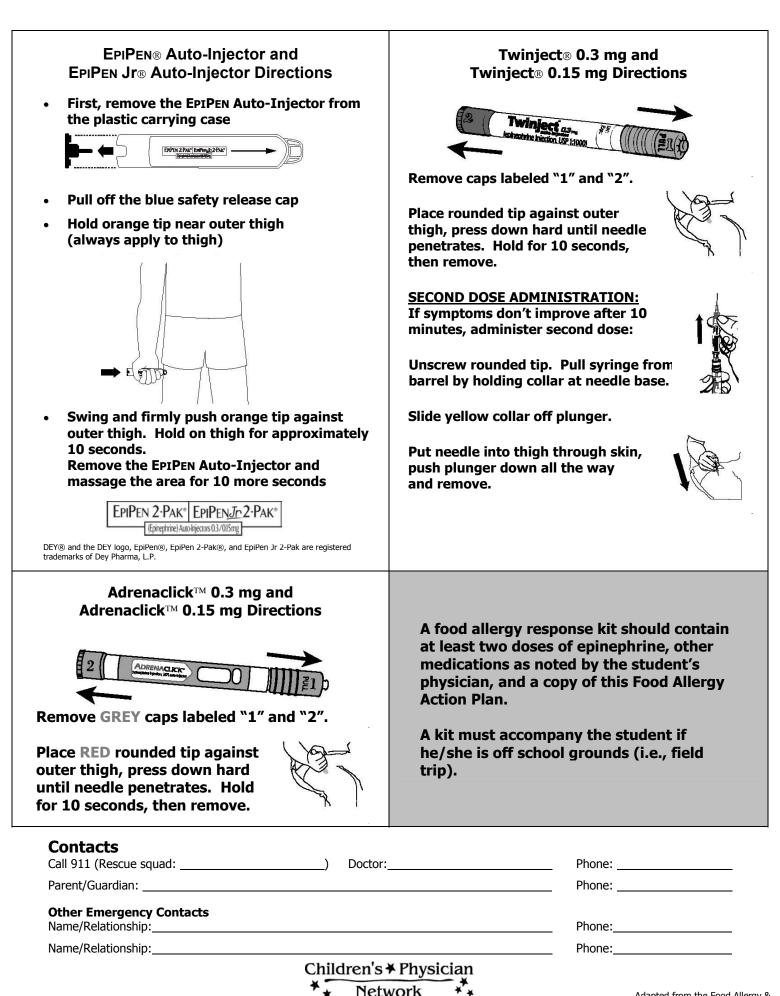
"Anaphylaxis is a serious allergic reaction	ency EPINEPHRINE treatment that is rapid in onset and may cause death." Ty & Infectious Disease, 2010)			
Name:	DOB: Photo			
ALLERGIC to:				
History of Asthma:				
May self-carry medications: $\Box$ Yes $\Box$ No	May self administer medications: $\Box$ Yes $\Box$ No			
Medication Doses       *Antihistamine Type + Dose:         EPINEPHRINE Dose:       □ Benadryl (also known as Diphenhydramine)         Up to 55 lbs. (25 kg)       Over 55 lbs. (25 kg)       □ 12.5 mg (1 teaspoon or 1 chewable)         □ EpiPen Jr. (0.15 mg)       □ EpiPen (0.3 mg)       □ 25 mg (2 teaspoons or 2 chewables)         □ Adrenaclick (0.15 mg)       □ Adrenaclick (0.3 mg)       □ 50 mg (4 teaspoons or 4 chewables)         □ Twinject (0.15 mg)       □ Twinject (0.3 mg)       □ Other antihistamine:				
<ul> <li>If checked, give EPINEPHRINE immediately for ANY symptoms if the allergen was <i>likely</i> eaten.</li> <li>If checked, give EPINEPHRINE immediately if the allergen was <i>definitely</i> eaten, even if no symptoms are noted.</li> </ul>				
Any SEVERE SYMPTOMS after suspected or known ingestion:One or more of the following: Lung: Short of breath, wheeze, repetitive cough Heart: Pale, blue, faint, weak pulse, dizzy, confused Throat: Tight, hoarse, trouble breathing/swallowing Mouth: Obstructive swelling (tongue and/or lips) Skin: Many hives over bodyOr combination of symptoms from different body areas: 	<ol> <li>INJECT EPINEPHRINE IMMEDIATELY</li> <li>Call 911</li> <li>Begin monitoring (as specified below)</li> <li>Give additional medications:*         <ul> <li>Antihistamine</li> <li>Inhaler (bronchodilator) if asthma</li> </ul> </li> <li>*Antihistamines &amp; inhalers/bronchodilators are not to be depended upon to treat severe reaction (anaphylaxis). USE EPINEPHRINE.</li> </ol>			
MILD SYMPTOMS only: Mouth: Itchy Mouth Skin: A few hives around mouth/face, mild itch Gut: Mild nausea/discomfort	<ol> <li>GIVE ANTIHISTAMINE</li> <li>Stay with student; alert healthcare professionals and parent/guardian</li> <li>If symptoms progress (see above) USE EPINEPHRINE</li> <li>Begin monitoring (as specified below)</li> </ol>			
For unique situations:				

## Monitoring

A SECOND DOSE of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

*Stay with person; alert healthcare professionals and parent/guardian.* Tell rescue squad EPINEPHRINE was given. Note time when EPINEPHRINE was administered. For a severe reaction, consider keeping person lying on back with legs raised. Treat person even if parents cannot be reached. See back/attached for auto-injection technique.

Provider Signature:		
Printed Name:	Phone	Date
Parent/Guardian Signature:	Phone	Date
Page 1: Patient Page 2: School/Daycare/Work Page 3: Chart	Children's * Physician * Network As addited of Children's Hoppede and Children of Managers	Turn Form Over → Adapted from the Food Allergy & Anaphylaxis Network (FAAN) Action Plan www.foodallergy.org



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