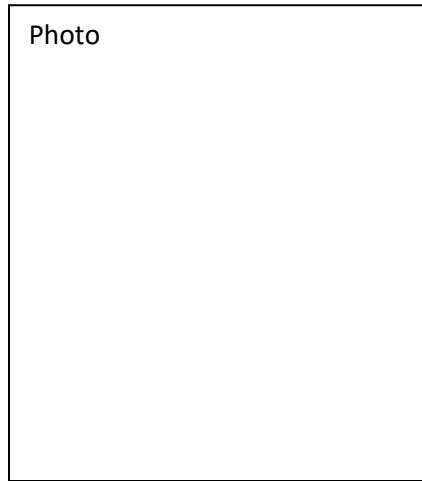


ANAPHYLAXIS EMERGENCY PLAN

Photo



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

peanuts tree nuts egg

milk insect sting latex

medication

other

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)

Student carries his/her own medication

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 10-15 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. Stay in the hospital for an appropriate period of observation (generally 4 hrs) but at the discretion of the ER physician. The reaction could return.
4. **Call contact person.**

EMERGENCY CONTACT INFORMATION

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 and has been reviewed with the the undersigned patient, parent or guardian below. The signature below authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction as described.

..... enter a date:
Patient/Parent/Guardian Signature

..... enter a date:
Physician Signature