



ANAPHYLAXIS EMERGENCY ACTION PLAN

Student's Name: _____ D.O.B. _____

ALLERGY TO: _____

Asthma Yes (*high risk for severe reaction*) No

SYMPTOMS OF ANAPHYLAXIS INCLUDE:

MOUTH	Itching, swelling of lips and/or tongue
THROAT*	Itching, tightness/closure, hoarseness
SKIN	Itching, hives, redness, swelling
GI	Vomiting, diarrhea, cramps
LUNG*	Shortness of breath, cough, wheeze
HEART*	Weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.
*Some symptoms can be life-threatening! ACT FAST!**

WHAT TO DO:

- 1. INJECT EPINEPHRINE IN THIGH USING** (check one): EpiPen Jr (0.15 mg) EpiPen (0.3 mg)
DO NOT HESITATE TO GIVE EPINEPHRINE! Twinject 0.15mg Twinject 0.3 mg

Antihistamine: _____
Other: _____

- 2. CALL 911 or RESCUE SQUAD (BEFORE CALLING CONTACTS)!**

- 3. Emergency calls:**

Parent home/work _____ cell _____
 Emergency contact #1: home/work _____ cell _____
 Emergency contact #2: home/work _____ cell _____

YES **NO Student may self carry and administer epinephrine** (Student has been instructed on use and administration of epinephrine and is felt to be responsible to carry epinephrine while at school. Student can verbally state uses of epinephrine and can demonstrate proper administration).

Doctor's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____