



ALLERGY & ANAPHYLAXIS EMERGENCY PLAN

CHILD'S INFORMATION

Child's Full Name: _____ Date of Plan: _____

Child's Date of Birth: _____ Age: _____ Weight: _____ lbs \div 2.205 = _____ kg

Child's Known Allergies: _____

Child has Asthma ☐ Yes ☐ No (if yes, higher chance of severe reaction)

Child has Anaphylaxis ☐ Yes ☐ No (if yes, higher chance of severe reaction)

Child may Carry Medicine ☐ Yes ☐ No (if yes, higher chance of severe reaction)

Child may Give Themselves Medicine ☐ Yes ☐ No (if child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

FOR SEVERE ALLERGY OR ANAPHYLAXIS

GIVE EPINEPHRINE!

What to Look for:	What to Do:
<p>If a child has any of these severe symptoms after eating the food or having a sting, give epinephrine:</p> <ul style="list-style-type: none">• Shortness of breath, wheezing, or coughing• Skin color is pale or has bluish color• Weak pulse• Fainting or dizziness• Tight or hoarse throat• Trouble breathing or swallowing• Swelling of lips or tongue that affect breathing• Vomiting or diarrhea (if severe and combined with other symptoms)• Many hives or redness over body• Feeling of "doom," confusion, altered consciousness, or agitation	<ol style="list-style-type: none">1. Inject epinephrine right away! Note time when epinephrine was given.2. Call 911 (or EMS: _____)<ol style="list-style-type: none">A. Ask for ambulance with epinephrine.B. Tell EMTs when epinephrine was given.3. Stay with the child and:<ol style="list-style-type: none">A. Call the parents and the child's doctor;B. Give a second dose of epinephrine if symptoms get worse, continue, or do not improve after 5 minutes;C. Keep child lying on back. If the child vomits or has trouble breathing, keep the child lying on their side.4. Give other medicine if prescribed. Do not use other medicine in place of epinephrine.<ol style="list-style-type: none">A. AntihistamineB. Inhaler/bronchodilator
<p><input type="checkbox"/> SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s):</p> <p>_____</p> <p>Even if the child has MILD symptoms after a sting or consumption of the listed foods, give epinephrine.</p>	

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FOR MILD ALLERGIC REACTION**→ MONITOR THE CHILD**

What to Look for:	What to Do:
If a child has had any mild symptoms , monitor the child. Symptoms may include: <ul style="list-style-type: none">• Itchy nose, sneezing, or itchy mouth• A few hives• Mild stomach nausea or discomfort	Stay with the child and: <ul style="list-style-type: none">• Watch the child closely;• Give antihistamine(if prescribed);• Call the parents and the child's doctor;• If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis")

MEDICINE TRACKING LOGEpinephrine, intramuscular (list type):_____ Dose: ☐ 0.15 mg ☐ 0.30 mg (*weight >25 kg*)

Antihistamine, by mouth (type):_____ Dose:_____

Other (inhaler/bronchodilator if child has asthma):_____

ADDITIONAL INSTRUCTIONS**CONTACTS****Parent/Guardian #1**

Name:_____

Phone:_____

Medical Provider

Doctor's Name:_____

Facility Name:_____

Phone:_____

Parent/Guardian #2

Name:_____

Phone:_____

Emergency Contact

Name:_____

Phone:_____

Relationship:_____

Parent/Guardian Authorization Signature_____
Date_____
Physician/ PCP Authorization Signature_____
Date

Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor.