

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: D.O.B.:	PLACE PICTURE HERE
Weight:Ibs. Asthma: [] Yes (higher risk for a severe reaction) [] No	
NOTE: Do not depend on antihistamines or Inhalers (bronchodilators) to treat a severe reaction. USE EPINE	PHRINE.
Extremely reactive to the following foods:	
THEREFORE:	
[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.	
[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are n	oted.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Short of breath, wheezing. repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips

OR A



SKIN

Many hives over body, widespread redness



Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion



COMBINATION of symptoms

from different body areas.







1. INJECT EPINEPHRINE IMMEDIATELY.

- 2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
- Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS







A few hives.



Itchy/runny nose, sneezing

Itchy mouth

mild itch

Mild nausea/ discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE

SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- 1. Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- 3. Watch closely for changes, if symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

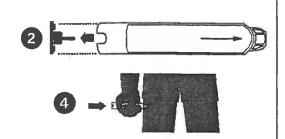
Epinephrine Brand:	F (F)	
Epinephrine Dose:	[] 0.15 mg IM	[] 0.3 mg iM
Antihistamine Brand	or Generic:	
Antihistamine Dose:		
Other (e.g., inhaier-b	ronchodilator if whe	ezing):



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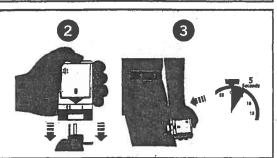
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

- 1. Remove the EpiPen Auto-Injector from the plastic carrying case.
- 2. Pull off the blue safety release cap.
- 3. Swing and firmly push orange tip against mid-outer thigh.
- 4. Hold for approximately 10 seconds.
- 5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

- Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
- 2. Pull off red safety guard.
- 3. Place black end against mid-outer thigh.
- 4. Press firmly and hold for 5 seconds.
- 5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

- 1. Remove the outer case.
- 2. Remove grey caps labeled "1" and "2".
- 3. Place red rounded tip against mid-outer thigh.
- 4. Press down hard until needle penetrates.
- 5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Note: ONLY Epinephrine and Asthma inhaler will go on a field trip.

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911	OTHER EMERGENCY CONTACTS NAME/RELATIONSHIP:
DOCTOR:PHONE:	PHONE:
PARENT/GUARDIAN:PHONE:	NAME/RELATIONSHIP:
	PHONE:

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE