



SAINT MARGARET SCHOOL

Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (high risk for severe reaction)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

PLACE CHILD'S PICTURE HERE

Symptoms of Anaphylaxis

- MOUTH itching, swelling of lips and/or tongue
THROAT\* itching, tightness/closure, hoarseness
SKIN itching, hives, redness, swelling
GUT 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!

EMERGENCY ACTION STEPS – DO NOT HESITATE TO GIVE EPINEPHRINE!

- 1. Inject epinephrine in thigh using (check one): Adrenaclick (0.15 mg), Adrenaclick (0.3 mg), Auvi-Q (0.15 mg), Auvi-Q (0.3 mg), EipPen Jr (0.15 mg), EpiPen (0.3 mg)

Epinephrine Injection, USP Auto-injector-Authorized generic

- (0.15 mg), (0.3 mg), Other (0.15 mg), Other (0.3 mg)

Specify others: \_\_\_\_\_

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

- 2. Call 911 or rescue squad (before calling contact)
3. Emergency contact #1: home, work, cell
Emergency contact #2: home, work, cell
Emergency contact #3: home, work, cell

Comments: \_\_\_\_\_

Doctor's Signature/Date/Phone Number

Parent's Signature (for individuals under age 18 yrs.)/Date