

McIntosh High School Band Anaphylaxis Emergency Action Plan

NAME: _____ AGE: _____

ALLERGY TO: _____

Asthma: Yes (high risk for severe reaction) No

Other Health problems besides anaphylaxis: _____

Concurrent medication, if any: _____

SYMPTOMS OF ANPHYLAXIS INCLUDE:

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!**

WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING: EpiPen Jr. (0.15 mg) Twinject (0.15 mg)
 EpiPen Jr. (0.3 mg) Twinject (0.3 mg)

Other medication/dose/route: _____

IMPORTANT: ASTHMA PUFFERS AND/OR ANTIHISTAMINES CANNOT BE DEPENDED ON IN ANAPHYLAXIS!

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

3. EMERGENCY CONTACTS:

Emergency contact #1: home _____ work _____ cell _____

Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

DO NOT HESITATE TO GIVE EPINEPHRINE!

COMMENTS: _____

Doctor's Signature/Date

Parent's Signature (for individuals under 18 years)/Date

Adapted from J Allergy Clin Immunol 1998; 102: 173-176 and J Allergy Clin Immunol 2006; 117: 367-377