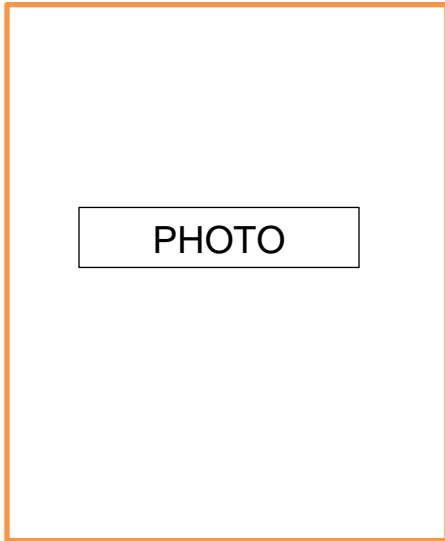




Anaphylaxis Emergency Plan: (name) _____

This person has a potentially life-threatening allergy (anaphylaxis) to:

(Check the appropriate boxes)



Food(s): _____

Insect stings

Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

Epipen Jr. 0.15mg **Epipen 0.30mg**

Location of Auto-Injector(s): _____

Previous anaphylactic reaction: Person is at greater risk

Astmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen) headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life



Anaphylaxis Emergency Plan: (name) _____

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly

1. Give epinephrine auto-injector (e.g. EpiPen) at the first sight of a known or suspected anaphylactic reaction. See attached instruction sheet.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment.
5. Call emergency contact person (e.g. parent, guardian).

Emergency Contact Information				
Name	Relationship	Home phone	Work Phone	Cell Phone

The undersigned patient, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as directed above.

Parent/Guardian signature: _____

Date: _____