

ANAPHYLAXIS ACTION PLAN

Name _____ Age/DOB _____

Allergy: Peanut Insect sting shellfish latex medication other: _____

History of Anaphylaxis (see pg. 2)? Yes No

High risk for severe reaction? Yes No

History of asthma? Yes No

Other health problems besides anaphylaxis: _____

Currently used medications: _____

Permission to treat the child immediately

Parent/Guardian signature: _____ Date: _____

Legal Disclaimer: _____

Signs & Symptoms of Anaphylaxis: May appear anxious or express a sense of impending doom

Mouth	Itching, swelling of lips and/or tongue
Nose	Runny, itchy nose, or sneezing.
Eyes	Watery, red eyes
Throat	Itching, difficulty swallowing, hoarseness, tightness/closure

Skin	Flushing, rash, hives, swelling of face
Gut	Abdominal cramps, nausea, vomiting, diarrhea
Lung	Shortness of breath, wheezing, cough, increased respirations
Heart	Weak pulse, low blood pressure, dizzy, passing out, loss of consciousness

IF 2 OR MORE SYMPTOMS ARE PRESENT, **ACT FAST!**
SYMPTOMS LITERALLY CHANGE WITHIN SECONDS.

EPINEPHRINE IS THE FIRST LINE OF TREATMENT!

What to do in order of importance:

- Inject epinephrine in thigh
 - EpiPen Jr. (0.15 mg) Twinject (0.15 mg) Only the first dose of Twinject is auto-injectable
 - EpiPen (0.3 mg) Twinject (0.3 mg)
- Call 911 or Rescue Squad
- Other medications ordered _____
- Observe for signs of improvement. If no improvement in 10-15 minutes, give 2nd dose of epinephrine. Continue to observe

Signature of Health Care Provider: _____ Date: _____

<p>Management of anaphylaxis</p> <ol style="list-style-type: none"> Epinephrine injection Remove anaphylaxis trigger if identifiable Position feet higher than heart or lay flat Maintain airway; use oxygen if needed and available Monitor vital signs 	<p>Side effects of epinephrine are usually mild and subside within a few minutes</p> <ul style="list-style-type: none"> Rapid heart rate Flushing or paleness Dizziness Weakness Tremors Headache
--	--

