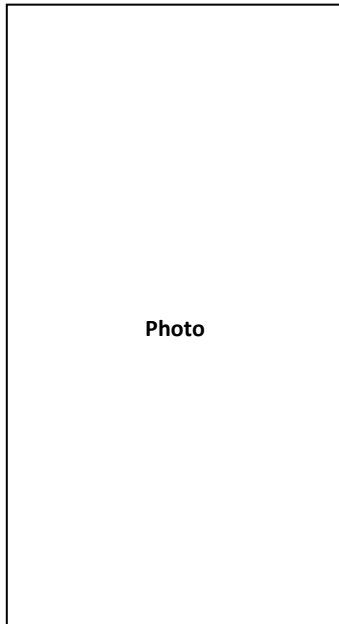


## AP 330-1 Anaphylaxis Emergency Plan

\_\_\_\_\_  
(Student Name)

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



Check the appropriate box(es):

<input type="checkbox"/>	Peanut	<input type="checkbox"/>	Tree Nuts
<input type="checkbox"/>	Egg	<input type="checkbox"/>	Milk
<input type="checkbox"/>	Insect Sting	<input type="checkbox"/>	Medication: _____
<input type="checkbox"/>	Latex	<input type="checkbox"/>	Other: _____

**Food:** The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/bulk foods or products with a 'may contain' warning.

**Epinephrine Auto-Injector:** Expiry Date \_\_\_\_\_

**Dosage:**  EpiPen® Jr 0.15 mg  EpiPen® 0.30 mg

**Location of Auto-Injector(s):** \_\_\_\_\_

(or student will carry his/her own medication)

**Asthmatic:** 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:** hives, swelling, itching, warmth, redness, rash.
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea.
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock.
- **Other:** anxiety, feeling of 'impending doom', headache.

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

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® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 5 to 10 minutes or sooner **IF** the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could return.
4. **Call contact person.** (see info on following page)

**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 described above. This protocol has been recommended by the patient's physician, and has been reviewed with the patient/child and the parent/guardian.

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date