

ALLERGY EMERGENCY ACTION PLAN



Please have your child's physician complete and sign this page of the Allergy Emergency Action Plan.

Child's Name: _____ Date of Birth: _____

ALLERGY TO: _____

Asthmatic: *YES NO *High risk for severe reaction

◆ SIGNS OF AN ALLERGIC REACTION ◆

SYSTEM	SYMPTOMS
MOUTH*	Itching & swelling of the lips, tongue or mouth
THROAT*	Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
SKIN	Hives, itchy rash, and/or swelling about the face or extremities
GUT	Nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG*	Shortness of breath, repetitive coughing, and/or wheezing
HEART*	“Thready” pulse, “passing-out”

*The severity of the symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation!*

ACTION FOR AN ALLERGIC REACTION:

1▶ If ingestion is suspected and/or symptom(s) are: _____,

2▶ **GIVE IMMEDIATELY:** 1. _____
Medication Dose Route

2. _____
Medication Dose Route

3▶ Call Emergency Medical Services (EMS): _____
Phone Number

- 4▶ Contact parents or emergency contacts
- 5▶ Continuously monitor child until EMS arrives and be prepared to initiate CPR

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL EMS EVEN IF PARENTS CAN NOT BE REACHED

PHYSICIAN ASSESSMENT:
 [] Yes [] No *This child has been instructed in the self-administration of Epi-Pen® and is fully capable of using this medication independently, and should be allowed to carry this medication on his/her person for self-administration while participating in a Youth Services program.*

 Physician's Signature Date Printed Name and Address of Physician /Phone Number

 Parent's Signature Date Public Health Nurse's Signature Date

 CYS Director's Signature Date

**ALLERGY EMERGENCY ACTION
PLAN (CONTINUATION)**

Child's Name: _____ Date: _____

EMERGENCY CONTACTS	TRAINED CYS PERSONNEL
1. _____ Relation: _____ Ph: _____	1. _____ Room: _____
2. _____ Relation: _____ Ph: _____	2. _____ Room: _____
3. _____ Relation: _____ Ph: _____	3. _____ Room: _____

EPI-PEN® AND EPI-PEN® JR. DIRECTIONS

- 1. Pull off gray safety cap.**
- 2. Place the black tip on the outer thigh, at a right angle to the leg.**
- 3. Using a quick motion, press firmly into the thigh until the Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and give to the EMS personnel. Massage the injection site for 10 seconds.**
- 4. Continuously monitor the child until EMS arrives. Initiate CPR if indicated.**