

Cotting School Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____

Allergies: _____

Asthma: Yes (*high risk for severe reaction*) No

Additional health problems besides anaphylaxis:

Concurrent Medications:

Symptoms of Anaphylaxis

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!*

Emergency Action Steps-DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (*check one*): Adrenaclick (*0.15 mg*) Adrenaclick (*0.3 mg*)
 EpiPEN JR (*0.15 mg*) EpiPEN (*0.3 mg*)
Epinephrine Injection, USP Auto Injector-authorized generic
 (*0.15 mg*) (*0.3 mg*)
 Other (*0.15 mg*) Other (*0.3 mg*)

Specify Others: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDENT ON IN ANAPHYLAXIS.

2. Call 911 (before calling contact)

3. Emergency contact #1: home: _____ work: _____ cell: _____

Emergency contact #2: home: _____ work: _____ cell: _____

Emergency contact #3: home: _____ work: _____ cell: _____

Comments:

Doctor's Signature/ Date/ Phone Number

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

**Required if your child has Anaphylaxis

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