

Life Threatening Allergy Emergency Action Plan for _____ year

Child's Name: _____

Child's Full Name: _____

Date of Birth: _____

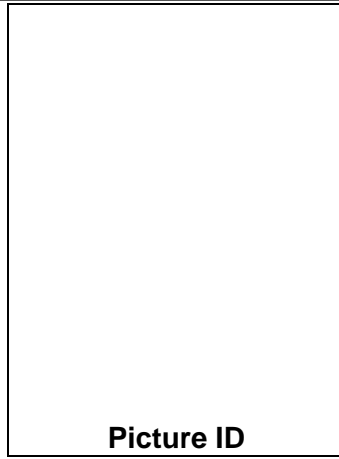
Parent/Guardian: _____

Phone (home): _____ Phone (work): _____

Emergency Contact: _____

Phone (home): _____ Phone (work): _____

Primary Care Provider: _____ Office Phone: _____



DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN

- **GIVE EPINEPHRINE**
- **CALL 911**
 - Specify "allergic reaction" & that Auto-injector has been given
 - Provide location & telephone number
 - Centre name: _____
 - Centre address: _____
 - Centre phone #: _____
- **Keep child lying down with feet elevated; if unconscious or vomiting, put in side-lying position.**
- **CALL PARENTS**
- **Always send child to hospital after receiving Auto-injector**

Epinephrine is the first line medication which should be used for the emergency management of a person having a potentially life threatening allergic reaction.

Antihistamines (e.g. Benadryl™) and asthma medications **should not** be used instead of epinephrine for treating anaphylaxis.

It is the parent's responsibility to notify the facility of any change in the child's condition.

CHILD'S ANAPHYLAXIS TRIGGERS ARE:

Food (list): _____

Insect stings (list): _____

Other: _____

ANYONE HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SYMPTOMS "F.A.S.T.":

Face: Hives, itchy eyes, itchy nose, flushed/red face, swelling of face, lips or tongue

Airway: Difficulty breathing, swallowing or speaking, coughing or choking, change of voice, sneezing, nasal congestion

Stomach: Stomach pain, vomiting, diarrhea

Total Body: Hives, itching, swelling, weakness, dizziness, lightheadedness, loss of consciousness, anxiety, feeling of doom

CHILD'S EMERGENCY TREATMENT:

Medication is stored where? _____

Epinephrine auto-injector – expiry date: _____

Field Trip Plans: _____

Sign below if you agree with above information & plan:

Parent/Guardian _____
Date

Child Care Staff _____
Date