Allergy and Anaphylaxis Emergency Plan

A _____ A ___ J ____ of D_ J:____

#

ame:			Date of plan:			
Date of birth:	//	Age	Weight:	kg		
Child has allerg	y to					
Child has asthma	ild has asthma. Yes ü		s ü			

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

Shortness of breath, wheezing, or coughing Skin color is pale or has a bluish color Weak pulse Fainting or dizziness Tight or hoarse throat Trouble breathing or swallowing Swelling of lips or tongue that bother breathing Vomiting or diarrhea (if severe or combined with other symptoms) Many hives or redness over body Feeling of "doom," confusion, altered consciousness, or agitation

Give epinephrine! What to do

- 1. Inject epinephrine right away! Note time when epinephrine was given.
- Call 911.
 Ask for ambulance with epinephrine. Tell rescue squad when epinephrine was given.
 Stauwith abild and:
- Stay with child and: Call parents and child's doctor. ¥

Monitor child What to do

Stay with child and: Watch child closely. Give antihistamine (if prescribed). Call parents and child's doctor. If more than 1 symptom or57.94 26.45 110.78eW* nB/

۸ -----: ۸ -- J ---- ۲ D- J:---: ۲



ame: _____