

Allergy & Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Date of Birth: ____ / ____ / ____ Age: _____ Weight: _____ kg

- Child has asthma. Yes No (If yes, higher chance severe reaction)
- Child has had anaphylaxis. Yes No
- Child may carry medicine. Yes No
- Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.10 mg (7.5 kg to 15 kg)
 0.15 mg (15 kg to 25 kg)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____ Date _____ Physician/HCP Authorization Signature _____ Date _____

Additional Instructions:

Contacts

Call 911/Rescue Squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

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



Food(s): _____

Insect stings

Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Location of Auto-Injector(s): _____

Previous anaphylactic reaction: Person is at greater risk.

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

IN CASE OF REACTION:

Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.

Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.

Call emergency contact person (e.g. parent, guardian).