



ANAPHYLAXIS EMERGENCY ACTION PLAN

(Required for Epinephrine "EpiPen" prescriptions)

FOR PATIENTS WITH MULTIPLE ALLERGIES REQUIRING AN EpiPen, USE ONE FORM FOR EACH ALLERGEN
PLEASE NOTE PROJECT OCEANOLOGY REQUIRES 2 EPI-PENS FOR CAMP

Child's Name _____ Date _____

This participant is allergic to: _____

Prescribing Medical Care Provider: _____ Telephone (____) _____

Provider's Address: _____
Street City State Zip

ASTHMA? Yes (high risk for severe reaction) No **FOOD ALLERGY** _____

Signs of an allergic reaction include, but not limited to the following:

SYSTEMS*

SYMPTOMS

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

**Above symptoms CAN potentially progress to a life-threatening situation! The severity of symptoms can change quickly.*

ACTION: **NUMBER THE FOLLOWING FROM 1 to 6**, in the correct order necessary for care. (1= 1st step, 2= 2nd step, etc.)

If participant ingests, thinks he/she has ingested, insect sting (seen or suspected), etc.

- _____ Observe for severe symptoms
- _____ Administer EpiPen® before symptoms occur
- _____ Administer EpiPen® if symptoms occur
- _____ Call 911 (and request paramedic) and transport to ER if symptoms occur
- _____ Call 911 (and request paramedic) and transport to ER if EpiPen® given
- _____ Administer Benadryl® (dose) _____ or Atarax® (dose) _____

DO NOT HESITATE TO ADMINISTER MEDICATION & CALL 911, EVEN IF PARENT(S) OR PRESCRIBER CANNOT BE REACHED!

Prescribers' Signature (MD/APRN/PS) _____
Date

Parent/guardian Name(print) _____
Parent/guardian Signature Date

EMERGENCY CONTACTS

- 1. _____ Relation _____ Phone (____) _____
- 2. _____ Relation _____ Phone (____) _____
- 3. _____ Relation _____ Phone (____) _____