AMERICAN ACADEMY OF ALLERGY
ASTHMA & IMMUNOLOGY
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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 (0.3 mg) ☐ Adrenaclick (0.15 mg)
☐ EpiPen Jr (0.15 mg) ☐ EpiPen (0.3 mg)
☐ Twinject (0.15 mg) ☐ Twinject (0.3 mg)

Other medication/dose/route: _____

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

2. Call 911 or rescue squad (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 age 18 yrs)/Date

10/2010

Allergy Care Plan

School Year _____

Student Name _____ School/Grade _____

Birth date _____ Parent/Guardian _____

Home Phone _____ Work/Other Phone _____

Action Steps:

- Determine exposure type
- Give medication if ordered by physician: medication is located: ❑ In office ❑ With student
- Keep student under observation-the severity of symptoms can quickly change
- Call parent/guardian and Public Health Nurse _____

Call 911 for:

- If Epi-pen needs to be used
- Shortness of breath, repetitive cough, wheezing
- Tightening of throat, hoarseness, hacking cough
- Fainting, pale skin, blue lips or fingernails
- Other _____

School Management: (to be completed by physician or designee)

Allergic to _____

Emergency Medications
- ❑ Antihistamine _____
- ❑ Epi-Pen _____
- ❑ Other _____

If exposed and the following symptoms are present:		**Give:**			
Body system	*Symptoms*	*None*	*Antihistamine*	*Epi-pen*	*Other*
None	No Symptoms				
Mouth	Itching tingling, or swelling of lips, tongue and/or mouth				
Skin	Hives, itchy rash, swelling of the face or extremities				
Gut	Nausea, abdominal cramps, vomiting, diarrhea				
Throat	Tightening of throat, hoarseness, hacking cough				
Lung	Shortness of breath, repetitive coughing, wheezing				
Heart	Thready pulse, low blood pressure, fainting, pale, blueness				
Other					

Physician Signature _____ Date _____

Renewed _____ Date _____ Renewed _____ Date _____

Public Health Nurse Signature _____ Date _____

Trained Staff at School _____