

Life Threatening Allergy Emergency Action Plan

Child's Name: _____

Child's Full Name: _____		Picture ID
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 epinephrine has been given by auto-injector
 - 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 epinephrine**

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.

Sign below if you agree with above information & plan:

Parent/Guardian _____
Date

Child Care Staff _____
Date

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: _____