Anaphylaxis Emergency Plan: _____ *(name)*

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

PHOTO

(Check the appropriate boxes.)

☐ Food(s): _____

_____

_____

☐ Insect stings

☐ Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

☐ EpiPen® Jr. 0.15 mg ☐ EpiPen® 0.30 mg

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.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance),** even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

_____ _____ _____ _____

Patient/Parent/Guardian Signature | Date | Physician Signature ☐ On file | Date

Allergy Quebec | Canadian Allergy, Asthma and Immunology Foundation | Food Allergy Canada | Canadian Society of Allergy and Clinical Immunology | Allergy Asthma Information Association | AAIQ Association of Allergists and Immunologists of Quebec

Child's Emergency Contact Information

[Insert Name of Child Care Program] Date Last Updated (dd/mm/yyyy): Click here to enter text.

Note: Where applicable, consider adding additional parent or emergency contact information.

Child's Information

Full Legal Name:

Preferred Name (where applicable):

Date of Birth (dd/mm/yyyy):

Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):

Parent

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone Number:

Parent

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Child's Emergency Contact Information

[Alhijra Academy] Date Last Updated (dd/mm/yyyy): Click here to enter text.

Child's Information

Full Legal Name:

Preferred Name (where applicable):

Date of Birth (dd/mm/yyyy):

Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):

Parent

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone Number:

Parent

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number: