

Anaphylaxis Action Plan

Name: _____

DOB: _____

Allergy to: _____

Weight: _____ lbs

Asthma: Yes (HIGHER RISK for Anaphylaxis) No

Extremely reactive to the following foods _____:

If checked, give Epinephrine immediately for any symptoms if allergen was *likely* eaten.

If checked, give Epinephrine immediately if allergen was *definitely* eaten, even if no symptoms yet.

For **ANY** of the following **SEVERE SYMPTOMS** after suspected or known ingestion or exposure:

One or more of the following:

LUNG: Short of breath, wheezing, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

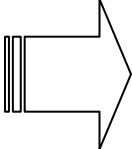
MOUTH: Significant swelling of tongue and/or lips

SKIN: Many hives over body, widespread redness

GUT: Repetitive vomiting, severe diarrhea, abdominal pain

OTHER: Feeling something bad is about to happen, anxiety

Or a combination of symptoms from different body areas.



1. INJECT EPINEPHRINE IMMEDIATELY.

2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

3. Begin monitoring (see box below)

4. Consider giving additional medications after epinephrine*:

- Antihistamine
- Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).

USE EPINEPHRINE FOR ANAPHYLAXIS.

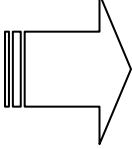
For **ANY** of the following **MILD SYMPTOMS**:

NOSE: Itchy/runny nose, sneezing

MOUTH: Itchy mouth

SKIN: A few hives (often around mouth/face,) mild itch

GUT: Mild nausea/discomfort



1A. IF MILD SYMPTOMS FROM MORE THAN ONE BODY AREA, INJECT EPINEPHRINE IMMEDIATELY & call 911 (see box above).

1B. IF MILD SYMPTOMS FROM ONLY ONE BODY AREA, GIVE ANTIHISTAMINE (see next page).

2. MONITOR CLOSELY (see box below)

3. If symptoms worsen, INJECT EPINEPHRINE IMMEDIATELY & call 911 (see box above).

MONITORING INSTRUCTIONS

Stay with student; alert healthcare professionals and parents. Tell 911 operator that epinephrine was given & request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after first if symptoms persist or recur. For a severe reaction, consider keeping patient lying on back with legs raised. Treat even if parents cannot be reached. See back/attached for auto-injection technique.

EpiPen® / Auvi-Q™

0.15 mg IM (less than 66 lbs)

0.3 mg IM (more than 66 lbs)

See next page for oral antihistamine (Benadryl) dose by weight.

If patient has Asthma:

Albuterol or Levalbuterol (Xopenex)

4-6 puffs or 1-2 neb treatment(s)

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____



An **Anaphylaxis** (severe allergic reaction) **Response Kit** should contain at least two doses of **injectable epinephrine, other medications** recommended by the patient’s physician, and a copy of this **Anaphylaxis Action Plan**.

CONTACTS

911 or local rescue squad (if known)

Parent/Guardian: _____ Tel #: _____

Parent/Guardian: _____ Tel #: _____

Other Emergency Contact: _____ Tel #: _____

Other Emergency Contact: _____ Tel #: _____

EpiPen® Instructions (www.epipen.com/-/media/files/epipen/patient%20information.pdf):

1. Remove from clear carrier tube.
2. Pull off the BLUE safety release.
3. Hold EpiPen in closed fist with thumb away from end.
4. Firmly push orange tip against outer thigh so it clicks AND HOLD in place for 10 seconds.

Auvi-Q™ Instructions (www.auvi-q.com/Media/pdf/Trainer-Instructions.pdf):

1. Activate the voice instructions by removing the outer case.
2. Pull off the RED safety guard.
3. Place the black end against the outer thigh, then press firmly and hold for 5 seconds.

Children’s Diphenhydramine (Benadryl) Allergy Dosing		
Weight (pounds)	Dose – Liquid (12.5 mg/5mL)	Dose – Chewable (12.5 mg)
20 – 24 lbs.	¾ teaspoon every 6 hours, do not take more than 3 teaspoons in 24 hours	N/A
25 – 37 lbs.	1 teaspoon every 6 hours, do not take more than 4 teaspoons in 24 hours	1 tablet every 6 hours, do not take more than 4 tablets in 24 hours
38 – 49 lbs.	1½ teaspoons every 6 hours, do not take more than 6 teaspoons in 24 hours	1½ tablets every 6 hours, do not take more than 6 tablets in 24 hours
50 – 99 lbs.	2 teaspoons every 6 hours, do not take more than 8 teaspoons in 24 hours	2 tablets every 6 hours, do not take more than 8 tablets in 24 hours
100+ lbs.	4 teaspoons every 6 hours, do not take more than 16 teaspoons in 24 hours	4 tablets every 6 hours, do not take more than 16 tablets in 24 hours