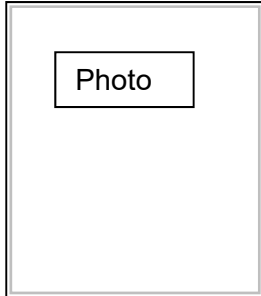


Individual Anaphylaxis Plan Form



Individual Anaphylaxis Plan: Click or tap here to enter text. (name)

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



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: Click or tap here to enter text. |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication (s), please list below: |

Click or tap here to enter text.

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “**may contain**” warning.

- All foods brought from home must be labelled with the child’s name
- Children with food allergies cannot share food with other children
- Caregivers must share food allergies with other parents using their program, without disclosing the name of the child with an allergy.

Please describe any other special dietary instructions:

Epinephrine Auto-Injector: Expiry Date: Click or tap to enter a date.

- Dosage:** EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Twinject™ 0.15 mg Twinject™ 0.30 mg

Location of Auto-Injector(s):

Click or tap here to enter text.

Self Administration - Child can administer their medication and carry the medication to and from school.

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:

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Individual Anaphylaxis Plan Form

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache

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® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes **or sooner**. If the reaction continues or worsens. (See instructions below.)
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Child is to be transported by ambulance to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact parent/guardian or person** on emergency contact form to inform them of the situation and where the child is being transported to.
5. **Contact Home Child Care immediately**, if after 4:30 pm contact Community Services Emergency # 519-575-4400.
6. Parent has provided training and administration instructions to the caregiver and child (If applicable) for the use of the **epinephrine auto-injector**.

This Individualized Anaphylaxis Plan was completed by the child's HCC Consultant in consultation with the child's parent/guardian and Home Child Care Provider.

Consultant Name: Click or tap here to enter text.

Caregiver Name: Click or tap here to enter text.

Other professionals consulted on the development of this plan:

Click or tap here to enter text.

It is the Caregiver's responsibility to review the contents of this plan with other adults in the home.

Individual Anaphylaxis Plan Form

By checking this box electronically I certify that the information that I have provided in this document is true to the best of my knowledge and that I agree to the terms and conditions contained in this document.

Parent/Guardian Name: Click or tap here to enter text.

Parent/Guardian Name: Click or tap here to enter text.

Date: Click or tap to enter a date.