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

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

(Click the appropriate boxes.)

☐ Peanut
☐ Other: Click or tap here to enter text.
☐ Tree nuts
☐ Insect stings
☐ Egg
☐ Latex
☐ Milk
☐ Medication (s), please list below:

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):

☐ 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:
• **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.
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.