Individual Anaphylaxis Plan Form

Individual Anaphylaxis Plan: ___________________________ (name)

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

(Check the appropriate boxes.)
□ Peanut □ Other:

______________________________
□ Tree nuts □ Insect stings
□ Egg □ Latex
□ Milk □ Medication:

______________________________

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.

Epinephrine Auto-Injector: Expiry Date ______ / _______

Dosage: □ EpiPen® Jr 0.15 mg □ EpiPen® 0.30 mg
□ Twinject™ 0.15 mg □ Twinject™ 0.30 mg

Location of Auto-Injector(s):

______________________________

□ Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.
□ Self Administration - Child can administer their medication and carry the medication to and from school.

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.**

   ___________________________________________ ______________
   Parent/Guardian                     Date

   ___________________________________________ ______________
   Caregiver                        Date

   I have read and understand the protocol for response to severe allergies and anaphylactic shock.

   Reviewed with any adult (18+ over) normally a resident in the home.

   ___________________________________________ ______________
   Other over 18              Date

   ___________________________________________ ______________
   Other over 18              Date