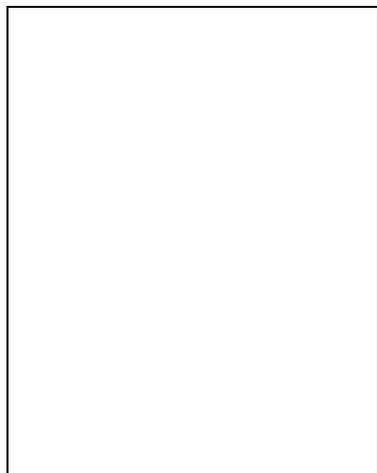


Individual Anaphylaxis Plan Form

Individual Anaphylaxis Plan: _____ (name)

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



Photo

(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.

Individual Anaphylaxis Plan Form

- 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.
- 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

