Anaphylaxis Emergency 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 Social Services Emergency # 519-575-4400.

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Parent/Guardian________________________________________ Date

Consultant_____________________________________________ 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