

Allergy and Anaphylaxis Emergency Plan



Childs name: _____ Date of plan: _____

Date of birth: ____/____/____ Age: _____ Weight: _____ kg

Child has allergy to: _____

Attach
child's
photo

- Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)
Child has had anaphylaxis. ☐ Yes ☐ No
Child may carry medicine. ☐ Yes ☐ No
Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine.)

IMPORTANT REMINDER

Anaphylaxis is potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis

What to look for

If a child has ANY of these severe symptoms after eating food or having a sting, **give Epinephrine**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe)
- Many hives or redness over body
- Feeling of "doom", confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after sting or eating these foods, **give Epinephrine**.

For Mild Allergic Reaction

What to look for

If child has had any mild symptoms, **monitor child**.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Give Epinephrine!

What to do

1. Inject epinephrine right away! Note time when epinephrine was given
2. Call 9-1-1.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medication, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/ bronchodilator

Monitor child

What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom/symptoms of severe allergy/anaphylaxis develop, **give Epinephrine**. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.15 mg ☐ 0.30 mg

Child may self-carry medicine: ☐ Yes ☐ No Location Epinephrine auto-injector: _____
(backpack, health office, etc.)

Antihistamine, by mouth (type and dose): _____

Other (i.e., inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
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Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Clinic: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____