



Life Threatening Allergy Emergency Action Plan

Child's Name: _____

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian: _____

Phone (home): _____ Phone (work): _____

Emergency Contact: _____

Phone (home): _____ Phone (work): _____

Primary Care Provider: _____ Office Phone: _____

Picture ID

CHILD'S ANAPHYLAXIS TRIGGERS ARE:

- ☐ Food (list): _____
- ☐ Insect stings (list): _____
- ☐ Other: _____

ANYONE HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SYMPTOMS "F.A.S.T.":

Face: Hives, itchy eyes, itchy nose, flushed/red face, swelling of face, lips or tongue

Airway: Difficulty breathing, swallowing or speaking, coughing or choking, change of voice, sneezing, nasal congestion

Stomach: Stomach pain, vomiting, diarrhea

Total Body: Hives, itching, swelling, weakness, dizziness, lightheadedness, loss of consciousness, anxiety, feeling of doom

CHILD'S EMERGENCY TREATMENT:

☐ Medication is stored where? _____

☐ Epinephrine auto-injector – expiry date: _____

☐ Field Trip Plans: _____

DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN

- **GIVE EPINEPHRINE**
- **CALL 911**
 - Specify "allergic reaction" & that epinephrine has been given by auto-injector
 - Provide location & telephone number
 - Centre name: _____
 - Centre address: _____
 - Centre phone #: _____
- **Keep child lying down with feet elevated; if unconscious or vomiting, put in side-lying position.**
- **CALL PARENTS**
- **Always send child to hospital after receiving epinephrine**

Epinephrine is the first line medication which should be used for the emergency management of a person having a potentially life threatening allergic reaction.

Antihistamines (e.g. Benadryl™) and asthma medications **should not** be used instead of epinephrine for treating anaphylaxis.

It is the parent's responsibility to notify the facility of any change in the child's condition.

Sign below if you agree with above information & plan:

Parent/Guardian

Date

Child Care Staff

Date