Emergency Allergy Care Plan

Important information for caregivers, school staff, family, and friends

Stay calm. Act fast. You've got this.

1 CHILD INFORMATION

Place Photo Here

Name: _____

Date of Birth: _____

Weight: _____ lbs

Asthma: ☐ Yes ☐ No

Allergic to: _____

Extremely reactive to: _____

2 WHEN TO GIVE EPINEPHRINE

☐ **Give epinephrine immediately** if the allergen was likely eaten and ANY symptoms appear.

☐ **Give epinephrine immediately** if the allergen was definitely eaten, even if no symptoms are apparent.

Do not rely on antihistamines or inhalers to treat a severe reaction. Use epinephrine for severe symptoms or progressing symptoms.

3 MILD SYMPTOMS

Mouth	Skin	Gut	Nose
itchy mouth	a few hives, mild itch	mild nausea or discomfort	itchy or runny nose, sneezing

- **For mild symptoms from more than one body area, GIVE EPINEPHRINE.**
- **For mild symptoms from a single body area:**
  1. Antihistamine may be given, if ordered by a healthcare provider.
  2. Stay with the person and alert emergency contacts.
  3. Watch closely. If symptoms worsen, give epinephrine.

4 SEVERE SYMPTOMS – GIVE EPINEPHRINE IMMEDIATELY

Lung	Heart	Skin	Gut
shortness of breath, wheezing, repetitive cough	pale or bluish skin, faintness, weak pulse, dizziness	many hives over body, widespread redness	repetitive vomiting, severe diarrhea

Throat	Mouth	Other	
tight or hoarse throat, trouble breathing or swallowing	significant swelling of tongue or lips	feeling something bad is about to happen, anxiety, confusion	Or a combination of symptoms from different body areas.

5 EMERGENCY STEPS

1. Inject epinephrine immediately.
2. Call **911** and state that the person is having anaphylaxis.
3. Lay the person flat, raise legs, and keep warm. If breathing is difficult or the person is vomiting, allow sitting up or lying on their side.
4. If symptoms do not improve or return, more epinephrine may be given about 5 minutes or more after the last dose.
5. Alert emergency contacts.
6. Transport to the ER even if symptoms improve. Remain under observation for at least 4 hours.

6 MEDICATIONS / DOSES

Epinephrine brand or generic: _____

Epinephrine dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine brand or generic: _____

Antihistamine dose: _____

Other medication (e.g., inhaler/bronchodilator if wheezing): _____

_____

7 EMERGENCY CONTACTS

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Physician/Clinic: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

8 SIGNATURES

Patient or Parent/Guardian Authorization Signature: _____ Date: _____

Physician/HCP Authorization Signature: _____ Date: _____

Additional notes / school instructions:

_____

_____

_____