Lanier Day Camp
Allergy and Anaphylaxis Action Plan

NAME: _____ AGE: _____

ALLERGY TO: _____

Asthma: ☐ Yes (high risk for severe reaction) ☐ No

Other health problems besides anaphylaxis: _____

_____

Concurrent medications, if any: _____

_____

SYMPTOMS OF ANAPHYLAXIS INCLUDE:

MOUTH:	**itching, swelling of lips and/or tongue**
THROAT*:	**itching, tightness/closure, hoarseness**
SKIN:	**itching, hives, redness, swelling**
GUT:	**vomiting, diarrhea, cramps**
LUNG*:	**shortness of breath, cough, wheeze**
HEART*:	**weak pulse, dizziness, passing out**

Only a few symptoms may be present. Severity of symptoms can change quickly.
***Some symptoms can be life-threatening! ACT FAST!**

WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING: ☐ EpiPen Jr. (0.15 mg) ☐ Twinject (0.15 mg) ☐ EpiPen Jr. (0.3 mg) ☐ Twinject (0.3 mg)

Other medication/dose/route: _____

IMPORTANT: ASTHMA PUFFERS AND/OR ANTIHISTAMINES CANNOT BE DEPENDED ON IN ANAPHYLAXIS!

2. CALL 911 or RESCUE SQUAD (BEFORE CALLING CONTACTS)!

3. EMERGENCY CONTACTS:

Emergency contact #1: home _____ work _____ cell _____

Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

DO NOT HESITATE TO GIVE EPINEPHRINE!

COMMENTS: _____

_____

_____ _____

Doctor's Signature/Date Parent's Signature (for individuals under 18 years)/Date

Adapted from J Allergy Clin Immunol 1998; 102: 173-176 and J Allergy Clin Immunol 2006; 117: 391-397

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