**504.1.4 Anaphylaxis Emergency Plan Amended Dec. 10, 2013**

**Name: __________________________**

**This person has a potentially life-threatening allergy (Anaphylaxis) to:**

- [ ] Peanut
- [ ] Tree nuts
- [ ] Egg
- [ ] Milk
- [ ] Other:
- [ ] Insect stings
- [ ] Latex
- [ ] 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
- [ ] Allerject 0.15 mg
- [ ] Allerject 0.30 mg

**Location of Auto-Injector(s):** -------------------------------

**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.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Remove causative agent.** Ie. Latex glove, perfume, peanuts.
4. **Go to the nearest hospital,** even if symptoms are mild or have stopped.
5. **Call contact person.**

**Emergency Contact Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient’s physician._

Patient/Parent/Guardian Signature

Date

Physician Signature

Date

To be completed and copied for use in classroom, staff room, office, and Substitute Teacher Handbook for appropriate staff.