

ANAPHYLAXIS INDIVIDUALIZED HEALTH CARE PLAN

Child name:		Birth date:	
Community program name:		MedicAlert™ identification worn ?	
Grade:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Alternate emergency contact name:			
Home #:	Cell #:	Work #:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
Life-threatening allergens			
Other allergies (non life-threatening):			
Adrenaline auto-injector prescribed for child	Type of device	Dosage	Location
	<input type="checkbox"/> EpiPen® <input type="checkbox"/> Allerject™	<input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg	<input type="checkbox"/> Fanny pack or belt <input type="checkbox"/> Backpack <input type="checkbox"/> Purse <input type="checkbox"/> Other _____
It is recommended that the adrenaline auto-injector is with the child during attendance at the community program. Antihistamines are NOT used in the management of life-threatening allergies in community program settings.			
Child has a back-up adrenaline auto-injector at the community program.		<input type="checkbox"/> YES Location _____ <input type="checkbox"/> NO	
OTHER INFORMATION ABOUT MY CHILD'S LIFE THREATENING ALLERGY THAT THE COMMUNITY PROGRAM SHOULD KNOW:			

The Health Care Plan and emergency medication should accompany the child on excursions outside the facility.

ANAPHYLAXIS EMERGENCY RESPONSE PLAN

Name: _____	Birth date: _____		
IF YOU SEE THIS	DO THIS		
<p><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></p> <p><i>When remembering the signs of anaphylaxis, think F.A.S.T (Face, Airway, Stomach, Total Body)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>Face</p> <ul style="list-style-type: none"> • red watering eyes • runny nose • itchiness • redness, swelling of face, lips & tongue <p>Airway</p> <ul style="list-style-type: none"> • throat tightness • change of voice • difficulty swallowing • difficulty breathing • coughing • wheezing </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>Stomach</p> <ul style="list-style-type: none"> • vomiting • diarrhea • cramps <p>Total body</p> <ul style="list-style-type: none"> • swelling • hives • itchiness • sense of doom • change in behavior • pale or bluish skin • dizziness • fainting • loss of consciousness </td> </tr> </table>	<p>Face</p> <ul style="list-style-type: none"> • red watering eyes • runny nose • itchiness • redness, swelling of face, lips & tongue <p>Airway</p> <ul style="list-style-type: none"> • throat tightness • change of voice • difficulty swallowing • difficulty breathing • coughing • wheezing 	<p>Stomach</p> <ul style="list-style-type: none"> • vomiting • diarrhea • cramps <p>Total body</p> <ul style="list-style-type: none"> • swelling • hives • itchiness • sense of doom • change in behavior • pale or bluish skin • dizziness • fainting • loss of consciousness 	<ol style="list-style-type: none"> 1. Give adrenaline auto-injector (EpiPen or Allerject). <ol style="list-style-type: none"> i. Secure child's leg. ii. Identify site on outer middle thigh. iii. Grasp adrenaline auto-injector in fist and remove safety cap(s). iv. Firmly press tip into the thigh at a 90° angle until you hear a click. v. Hold in place for a slow count of 5. 2. Activate 911/EMS. 3. Notify parent/guardian. 4. If signs of anaphylaxis persist or recur, give backup adrenaline auto-injector (if available) every 5 to 15 minutes. 5. Stay with child until EMS personnel arrive. 6. Discard adrenaline auto-injector safely or give to EMS personnel.
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<p><u>Risk reduction strategies</u> are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Please contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.</p>			

I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.

Parent/guardian signature: _____ **Date:** _____

I have reviewed the above plan to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** _____

Documentation
