### 2017 ANAPHYLAXIS ACTION PLAN
(Only complete if this condition is applicable to your child)

**STUDENT’S NAME:**

**CLASS:**

<table>
<thead>
<tr>
<th>Emergency and/or Guardian Name, Contact Numbers(s) If Parent Is Unavailable:</th>
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<tbody>
<tr>
<td>1. Name:</td>
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<tr>
<td>2. Name:</td>
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- **CONFIRMED ALLERGENS**

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<th>NOTES</th>
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### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen or EpiPen Jr
- Give other medication (if prescribed):
  - Name of medication – __________________________
  - Dose of medication – _________________________

### MILD TO MODERATE ALLERGIC REACTIONS MAY OR MAY NOT PRECEDE ANAPHYLAXIS

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION**

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Given EpiPen or EpiPen Jr & record time.
3. Phone ambulance 000 & tell them that it is a child in anaphylactic shock.
4. Phone family/emergency contact.
5. If in doubt, give adrenaline autoinjector.