

Allergy and Anaphylaxis Emergency Plan	American Academy of Pediatrics debt of the health of all childrens
Date of birth:	r chance severe reaction) es/is unable to self-treat, an adult must give medicine)
For Severe Allergy and Anaphylaxis What to look for	Give epinephrine! What to do
If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine. Shortness of breath, wheezing, or coughing Skin color is pale or has a bluish color Weak pulse Fainting or dizziness Tight or hoarse throat Trouble breathing or swallowing Swelling of lips or tongue that bother breathing Vomiting or diarrhea (if severe or combined with other symptoms) Many hives or redness over body Feeling of "doom," confusion, altered consciousness, or agitation	 Inject epinephrine right away! Note time when epinephrine was given. Call 911. Ask for ambulance with epinephrine. Tell rescue squad when epinephrine was given. Stay with child and: Call parents and child's doctor. Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. Give other medicine, if prescribed. Do not use other

SPECIAL SITUATION: If this box is checked, on extremely severe allergy to an insect sting or to	
following food(s):	en if child
has MILD symptoms after a sting or eating these give epinephrine.	foods,

Monitor child What to do

Stay with child and:

Watch child closely.

Antihistamine

Inhaler/bronchodilator

• Give antihistamine (if prescribed).

medicine in place of epinephrine.

- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

For	Mild	Allergic	Reaction
Wha	it to	look for	

If child has had any mild symptoms, monitor child. Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

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Medicines/Doses	
Epinephrine, intramuscular (list type):	
Antihistamine, by mouth (type and dose):	

Dose: ☐ 0.15 mg ☐ 0.30 mg (weight more than 25 kg)

Other (for example, inhaler/bronchodilator if child has asthma):

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date