

2016-17 ANAPHYLAXIS EMERGENCY TREATMENT PLAN

Early recognition of symptoms and immediate treatment could save this person's life.

This information is collected pursuant to the Education Act and The Municipal Freedom of Information and Protection of Privacy Act, 1992.

Student's photo

2 x 2.5

_____ has a potentially life-threatening allergy
(anaphylaxis) to:

†Peanut Tree Nuts Egg Milk Insect Stings Latex †
Other: _____

Does the student have a diagnosis of Asthma: Y or N

†Medication: _____

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

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (EpiPen or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second does in 10 to 15 minutes, or sooner, **IF** the reaction continues or worsens.
2. **Call 911.** Tell dispatcher that someone is having a life-threatening allergic reaction. Ask that an ambulance be sent immediately.
3. **Go to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

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.

Patient/Parent/Guardian signature

Date

- Parent grants permission for a copy of this form be given to their child's bus driver, where applicable (elementary students only).**