



ALLERGIC REACTION INTERVENTION PLAN

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| NAME: | DATE OF BIRTH: | WEIGHT (KG): | PHOTO |
| ALLERGIC TO: | | ASTHMA: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

A In one of the following situations, after a possible contact with an allergen, immediately administer the epinephrine auto-injector.

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|  <p>LUNGS Difficulty breathing, persistent cough, wheezing.</p> | ➔ | <ol style="list-style-type: none"> IMMEDIATELY INJECT EPINEPHRINE. <u>Call 9-1-1.</u> While waiting for emergency services, consider giving additional medication such as inhalers (bronchodilator) if the child has asthma or antihistamines. Lay the child on the floor and raise their legs. If they have trouble breathing, sit them up. If they are vomiting, lay them on their side. If symptoms don't improve or return, more doses of epinephrine can be given with 5 minutes or more between doses until the child is better or the emergency services arrive. Inform parents. Have the child transported to the ER even if symptoms resolve because symptoms may return. |
|  <p>CARDIOVASCULAR SYSTEM Very pale or blueish skin, dizziness or feeling weak, child offering weak response, passing out.</p> | ➔ | |
|  <p>UPPER RESPIRATORY TRACT Hoarse voice or difficulty making noise, trouble swallowing.</p> | ➔ | |
|  <p>GASTROINTESTINAL SYSTEM Repeated vomiting or persistent diarrhea.</p> | ➔ | |
| <p>2 SYSTEMS AFFECTED:</p>  | ➔ | |

B In the presence of symptoms in ONE of the following categories:

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|  <p>EYES / NOSE / MOUTH Sneezing, runny nose, blocked nose, red eyes, itchy or leaky eyes, itchy throat or mouth.</p> | ➔ | <ol style="list-style-type: none"> Administer a dose of antihistamines if it has been prescribed by the doctor. Stay with the child; inform parents if they are not present. Monitor the child closely to notice any changes in the reaction. If symptoms worsen and match Section A's description, ADMINISTER EPINEPHRINE and follow Section A's instructions. In doubt, give epinephrine. |
|  <p>SKIN Red, itchy or blotchy skin.</p> | ➔ | |
|  <p>INTESTINE Nausea, abdominal pain, vomiting (single occurrence).</p> | ➔ | |

MEDICATION AND DOSES

| | | |
|--|-----------------------|-------------------|
| Epinephrine auto-injector: <input type="checkbox"/> JUNIOR <input type="checkbox"/> ADULT | Antihistamines: Dose: | Other medication: |
| Doctor's signature: | | Date: |