











# ALLERGIC REACTION INTERVENTION PLAN

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.

 <p><b>LUNGS</b> Difficulty breathing, persistent cough, wheezing.</p>	➔	<ol style="list-style-type: none"> <li><b>IMMEDIATELY INJECT EPINEPHRINE.</b></li> <li><u>Call 9-1-1.</u></li> <li>While waiting for emergency services, consider giving additional medication such as inhalers (bronchodilator) if the child has asthma or antihistamines.</li> <li>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.</li> <li>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.</li> <li>Inform parents.</li> <li>Have the child transported to the ER even if symptoms resolve because symptoms may return.</li> </ol>
 <p><b>CARDIOVASCULAR SYSTEM</b> Very pale or blueish skin, dizziness or feeling weak, child offering weak response, passing out.</p>	➔	
 <p><b>UPPER RESPIRATORY TRACT</b> Hoarse voice or difficulty making noise, trouble swallowing.</p>	➔	
 <p><b>GASTROINTESTINAL SYSTEM</b> Repeated vomiting or persistent diarrhea.</p>	➔	
<p><b>2 SYSTEMS AFFECTED:</b></p> 	➔	

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

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