

ANAPHYLAXIS MANAGEMENT & ACTION PLAN



Asthma and Allergy
Foundation of America®
TEXAS CHAPTER

INFO@AAFATEXAS.ORG * WWW.AAFATEXAS.ORG

Patient's Name _____
DOB _____ Date Completed _____
Parents' Name _____
Permission to carry meds? yes no

___ My child has food, contact, medication or insect bite allergies that could require use of epinephrine This device is located _____
Child knows how to self-use: ___ yes ___ no

Food allergens:	Contact Allergens:	Insect Bite Allergens	Medications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Contacts:
Physician's Name _____ Phone _____
Preferred Hospital _____ Address _____
Preferred Ambulance Service _____ Phone _____
Health Insurance _____ Policy # _____

Emergency Contact:
Name _____
Phone _____
Relationship _____

Parental Contact:
Home Address _____ City _____ Zip _____
Home Phone _____ Father's cell _____ Father's work phone _____
Mother's cell _____ Mother's work phone _____
Nearest relative: Name _____ Relation _____ Phone _____

ACTION PLAN

1) Assess signs of allergic reaction:

Mouth: itching & swelling of lips, tongue or the mouth **Throat:** itching &/or tightening in throat, hoarseness, cough
Skin: itchy rash, hives, swelling in face or extremities **Gut:** nausea, cramps, vomiting, &/or diarrhea
Lung: shortness of breath, repetitive coughing &/or wheezing **Heart:** "thready" pulse, fainting

All or any of these symptoms can progress to life-threatening anaphylactic reaction. Monitor closely. If child also has asthma, a sudden onset of asthma symptoms may indicate allergic reaction if there was any indication of contact with their allergic allergens. If any of above symptoms appear upon contact or suspected contact with allergen, epinephrine must be administered immediately. Note: injecting epinephrine if not needed will not be harmful. Follow these procedures:

2) **Physician directs** that teacher or nurse gives epinephrine for any symptom beyond one or two hives: ___yes ___no Physician directs instead _____

A child may know how to use a device but in emergency may not be able to do so. Adult uses the auto-injector, injecting through clothing if required, into the thigh at finger tip level. Try to avoid the seam on jeans. Ask child to lie still, adult remain with child at all times.

3) **Physician directs**, after injection, adult gives Benedryl or other antihistamine: ___yes ___no Instead, _____
_____. If child has asthma, physician directs to give 2 puffs of albuterol: ___yes ___no.

4) **After 5 minutes**, nurse or teacher reassess reaction. If not improving, inject second dose of epinephrine.

5) **Immediately when reaction occurs, another adult calls 911**, following emergency procedure plans. Call parents and tell them what hospital child will go to. Nurse or teacher remains with student at all times, accompanying them to hospital till parent arrives. Provide copy of emergency plan and contact info to medics. Take all their medications with you to hospital.

Special Instructions: _____

Physician's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____