

VCH Anaphylaxis Emergency Plan

Child's Name: _____ **Grade:** _____ **Div./Homeroom:** _____ **Birthdate (d-m-y):** _____
School/Facility Name: _____ **School Year (yyyy-yyyy):** _____

THIS STUDENT HAS A POTENTIALLY LIFE THREATENING ALLERGY (ANAPHYLAXIS)

Allergy trigger(s):
 Food(s): _____

 Insect Stings: _____
 Other: _____

Emergency Medication Information:
 Medication: EpiPen Jr. (0.15 mg) EpiPen Sr. (0.30 mg)
 Expiry: _____ Location: _____

Photo _____

ACT QUICKLY. DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN

- 1. Give Epinephrine** at the first sign of an anaphylactic reaction.
- 2. Call 9-1-1**
- 3. Call Emergency Contact (listed below)**

Epinephrine is the first line medication for the emergency management of anaphylaxis. Antihistamines (e.g. Benadryl™) or asthma medication should not be used to treat anaphylaxis.

A PERSON HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

Face: Hives, itching swelling (lips, face, tongue), flushed face or body

Airway: Difficulty breathing, swallowing or speaking, coughing, wheezing, change of voice, sneezing

Stomach: Stomach cramps, nausea, vomiting, diarrhea

Total body: Hives, itching, swelling, weakness, dizziness, loss of consciousness, anxiety, feeling of doom

EMERGENCY CONTACT INFO:			
Name	Relationship	Cell Phone	Other Phone

The undersigned parent/guardian authorizes any adult to administer emergency medication following the instructions outlined above to the above named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by a physician/nurse practitioner. The plan will be kept in the student's personal record and will be shared with appropriate school personnel annually to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan. All information will be protected and used in compliance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Health Information Act (HIA), where applicable.

Parent/Guardian Signature: _____ Date (d-m-yyyy): _____ Doctor/NP Signature: _____ Date (d-m-yyyy): _____

Anaphylaxis Emergency Plan is provided as a resource from Vancouver Coastal Health - April 2019. Adapted from the Anaphylaxis Emergency Plan on www.foodallergycanada.ca