A	naphylaxis Eı	mergency Plai	n:		(name
T	his person has a pe	otentially life-threa	atening allergy (and	aphylaxis) to:	
	РНОТО	Peanut Peanut Free nu Egg Milk Food: The k the allerger bulk foods of Epinephrir Dosage: Location o Previou Asthma	Its ☐ Insection ☐ Late: ☐ Med Late: ☐ Med Late: ☐ Me	aphylactic emergency i rgies should not share y contain" warning. ry Date: mg ☐ EpiPen® 0.3 mg ☐ Allerject™ 0. : Person is at greater ris- risk. If person is having	0 mg 30 mg sk. g a reaction and has
Δ	nerson having an		ion might have AN		efore asthma medication
A		swelling, itching, warm		Y or these signs ar	ia symptoms:
•	hoarse voice, nasal co swallowing Gastrointestinal sy Cardiovascular syst Other: anxiety, feelin	ongestion or hay fever-lestem (stomach): naus tem (heart): pale/blue ng of "impending doom	g, wheezing, shortness ike symptoms (runny, it ea, pain/cramps, vomiti colour, weak pulse, pasn", headache, uterine crand immediate treati	chy nose and watery eyng, diarrhea sing out, dizzy/lighthea amps, metallic taste	nded, shock
A	act quickly. The firs	st signs of a reactio	n can be mild, but	symptoms can get	worse very quickly.
1. 2. 3. 4.	anaphylactic reaction Call 9-1-1 or local en Give a second dose Go to the nearest h The reaction could w	n. (See attached instruct mergency medical service of epinephrine in 5 to nospital immediately vorsen or come back, evo	es. Tell them someone it to 15 minutes IF the rea	s having a life-threater ction continues or wors ce), even if symptoms a ent. Stay in the hospital	ing allergic reaction. sens. re mild or have stopped. for an appropriate
5.	Call emergency con	ntact person (e.g. par	ent, guardian).		
Е	mergency Contact	Information			
	Name	Relationship	Home Phone	Work Phone	Cell Phone
Th			zes any adult to administer pove. This protocol has bee		e-named person in the even atient's physician.
Pat	tient/Parent/Guardian :	Signature Date	Physician S	ignature	 Date









