



APPENDIX B- Individual Anaphylaxis Plan 2008-09

_____ (name of student)

This person has a life threatening allergy (anaphylaxis) to:
(Check the appropriate box)

- peanuts tree nuts egg milk insect stings
latex medication other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

- EpiPen Jr. 0.15mg EpiPen 0.30mg ***Note: Parents are advised that two (2) auto injectors be brought to school- one to be kept on the student, and the other to be stored at the school for students under the age of 18.**
Twinject 0.15mg Twinject 0.30mg

Please include a copy of any prescription and instructions from the student's physician or nurse.

Location of Auto Injector(s): _____

- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction may have ANY of these signs and symptoms:

Skin: hives, swelling, itching, warmth, redness, rash

Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal, congestion or hay fever-like symptoms (running nose and watery eyes, sneezing), trouble swallowing

Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea

Cardiovascular (heart): pale/blue, weak pulse, passing out, dizzy/lightheaded, shock

Other: anxiety, feeling of "impending doom", headache

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. Give epinephrine auto-injector (e.g. EpiPen or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10-15 minutes or sooner IF the reaction continues or worsens.
2. Call 911. Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. Go to the nearest hospital, even if symptoms are mild or have stopped.
4. Call contact person.

Emergency Contact Information

| Name | Relationship | Home Phone | Work Phone | Cell Phone |
|------|--------------|------------|------------|------------|
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The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. *However, please note in accordance with Bill 3- An Act to protect anaphylactic pupils "If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to due so under subsection (1)."*

Parents/guardians and/or where appropriate students, are obliged to ensure that information is kept in the file is up to date.

Patient/Parent/Guardian Signature

Date

Physician Name

Phone Number