

Anaphylaxis Emergency Action Plan

Patient Name: _____

Age: _____

Allergies: _____

Asthma:

- Yes (*high risk for severe reaction*)
 No

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Administer epinephrine (check one):

- | | |
|--|--|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> EpiPen (0.3 mg) |
| <input type="checkbox"/> Adrenaclick (0.3 mg) | <input type="checkbox"/> Neffy (1mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg) | <input type="checkbox"/> Neffy (2 mg) |
| <input type="checkbox"/> Auvi-Q (0.3 mg) | |
| <input type="checkbox"/> EpiPen Jr (0.15 mg) | |

2. Oral medication (check one):

- Benadryl 50mg
 Zyrtec 10mg
 Other: _____

3. Administer Inhaler if asthmatic

- Yes
 No

4. Call 911

Permission to Carry/Self Administer:

- I have instructed the patient in the proper way to use their medication. It is my professional opinion that they should carry their epipen. YMCA Camp Huckins has permission to allow the patient to carry and self administer above medication.
- It is my professional opinion that the patient should **not** carry their epipen by themselves. Medication will be stored at the health center and dining hall and administered by Camp Huckins health center staff.

Provider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____