

# INDIVIDUAL PLAN FOR ANAPHYLACTIC SHOCK – EPI PEN

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Description of allergy: \_\_\_\_\_

Insert Photo of Child

## POSSIBLE SYMPTOMS:

- Flush face, hives, swelling or itching of lips, tongue or eyes
- Vomiting, nausea, diarrhea, stomach pains
- Tightness in throat, mouth or chest
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- Difficulty breathing or swallowing, wheezing, coughing or choking
- Loss of consciousness

## OTHER POSSIBLE SYMPTOMS:

Description(Please list): \_\_\_\_\_

Location of the EpiPen: \_\_\_\_\_

EpiPen Expiry Date: \_\_\_\_\_

Please indicate all potential triggers to the allergy: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

## EMERGENCY PLAN

### How to give EpiPen® adrenatine (epinephrine) autoinjectors



1. Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds REMOVE EpiPen®

- Remove EpiPen from case
- Pull off coloured safety cap, BLUE to the Sky, ORANGE to the thigh
- Firmly hold inner thigh
- Jab black tip into the thigh, even through clothing( you should hear a 'Click' sound)
- Firmly hold EpiPen in place and wait 10 seconds before removing unit
- Gently massage area
- Call for assistance
- Call 911 and report anaphylactic shock
- Contact Parent/guardian or emergency contact
- Stay with Child until help arrives
- Give EpiPen to Paramedics

The staff or the supervisor will accompany the child to the hospital if the parents are unable to arrive at the childcare centre in time.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY RESPONSE PLAN FOR ANAPHYLACTIC SHOCK**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**Emergency Information**

Health Card Number: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_

Family Doctor Address: \_\_\_\_\_

Family Doctor Phone Number: \_\_\_\_\_

**Emergency Contacts**

**Mother**

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Father**

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I feel the training for staff, volunteers, students and other persons meet the appropriate needs for my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date