

**ANAPHYLAXIS**  
**Individual Emergency Action Plan**

Individuals with multiple anaphylactic responses should complete one form for each allergen.

Name of Child \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

This child responds with anaphylaxis from \_\_\_\_\_

Village/Session: \_\_\_\_\_

**About the Signs/Symptoms Experienced by this Person**

**Emergency Action Plan**  
Please note that **CYO Camp** is at least **20 minutes** from definitive care.

Check those that apply to this child's anaphylaxis response. It is assumed that the severity of these symptoms can change quickly; some can potentially progress to a life-threatening situation.

- Itching of the lips, tongue and/or mouth.
- Swelling of the lips, tongue and/or mouth.
- Itching and/or sense of tightness in the throat.
- Hoarseness.
- Hacking cough; repetitive cough and/or wheezing.
- Swelling about the face.
- Hives; an itchy rash.
- Nausea, abdominal cramping, vomiting and/or diarrhea.
- Shortness of breath.
- "Thready" pulse; increased heart rate.
- "Passing out," fainting.

**History**

Does this child also have asthma?.....  Yes  
 No

Can this child recognize when s/he is experiencing signs/symptoms of anaphylaxis?.....  Yes  
 No

When did this child last experience an anaphylactic response?

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

Describe what happened and how the person responded: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH THIS COMPLETED  
FORM TO YOUR CHILD'S  
HEALTH FORM**

Regarding an EpiPen®

Our expectation is that the child will bring at least one EpiPen®, carry that device on their person during their stay, and know how to use the EpiPen®.

Has this child ever administered the EpiPen® to themselves?.....  Yes  
 No

Our staff will help a child administer their EpiPen® if need arises.

Recognizing a Reaction

It is our expectation that this child will tell a staff member if s/he suspects s/he is having a reaction.

**Parents: please instruct your child to do this.**

Treating a Suspected Exposure

If an exposure is suspected, but no signs or symptoms of anaphylaxis are present, we will monitor the child for 20 minutes and take no further action unless signs/symptoms appear.

Treating an Anaphylactic Response

1. Assuming a patent airway, give 50mg diphenhydramine (e.g. Benedryl) by mouth. Remove child from contact with allergen if possible.
2. Inject 0.3 cc epinephrine stat; repeat dose as needed.
3. Call an ambulance; tell the ambulance crew that this is an anaphylaxis situation.
4. Contact parents per directions on child's health form.

**If you physician wants a different protocol followed, have your physician legibly write that protocol on the back of this form followed by his/her signature and date.**

Signature of Custodial Parent  
Or Legal Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**Questions? Please Call CYO Camp at:  
(707) 874-0200**