

RIVER ROAD INDEPENDENT SCHOOL DISTRICT
ANAPHYLAXIS/ EMERGENCY ACTION PLAN

Patient Name: _____ Age: _____

Allergies: _____

Asthma YES (high risk for severe reaction) NO

Additional health problems besides anaphylaxis:

Concurrent medications: _____

Symptoms of Anaphylaxis	
MOUTH	Itching, swelling of lips and/or tongue
THROAT*	Itching, tightness/closure, hoarseness
SKIN	Itching, hives, redness, swelling
GUT	Vomiting, diarrhea, cramps
LUNG*	Shortness of breath, cough, wheeze
HEART*	Weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.
***Some symptoms can be life-threatening. ACT FAST!**

Emergency Action Steps – DO NOT HESITATE TO GIVE EPINEPHRINE!

- Inject epinephrine in thigh using (check one): EpiPen Jr (0.15 mg)
 EpiPen (0.3 mg)

Other medication/dose/route: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

- Call 911 or rescue squad (before calling emergency contact)**
- Emergency contact #1: home _____ work _____ cell _____
Emergency contact #2: home _____ work _____ cell _____
Emergency contact #3: home _____ work _____ cell _____

Comments: _____

Physician's Signature Date

Parent's Signature (if patient is under the age of 18) Date