

**KAFRC ANAPHYLAXIS EMERGENCY PLAN:**

THIS PERSON HAS A POTENTIALLY LIFE - THREATENING ALLERGY (ANAPHYLAXIS) TO:		
<input type="checkbox"/> PEANUT	<input type="checkbox"/> MILK	<input type="checkbox"/> LATEX
<input type="checkbox"/> TREE NUTS	<input type="checkbox"/> INSECT STINGS	<input type="checkbox"/> EGGS
<input type="checkbox"/> OTHER:		
LOCATION OF AUTO-INJECTOR		
<input type="checkbox"/> THE AUTO-INJECTOR IS WORN BY THE CHILD <b>OR</b> <input type="checkbox"/> THE AUTO INJECTOR IS LOCATED:		

**PREVIOUS ANAPHYLACTIC REACTION:** Person is at greater risk.  
**ASTHAMATIC:** Person is at greater risk. If the person is having a reaction and had difficulty breathing, give epinephrine auto-injector before asthma medication.

**AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:**

- **SKIN SYSTEM:** hives, swelling, itching, warmth, redness, rash
- **RESPIRATORY SYSTEM:** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy noses and watery eyes, sneezing), trouble swallowing
- **GASTROINTESTINAL SYSTEM:** nausea, pain/cramps. Vomiting, diarrhea
- **CARDIOVASCULAR SYSTEM:** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **OTHER:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

EMERGENCY PLAN	AUTO-INJECTOR
<ul style="list-style-type: none"> <li>● <b>GIVE EPINEPHRINE AUTO-INJECTOR</b> at the first sign of a known or suspected anaphylactic reaction</li> <li>● <b>CALL 9-1-1</b></li> <li>● <b>GIVE 2ND DOSE OF EPINEPHRINE</b> (if applicable) in 5 to 10 minutes <b>IF</b> the reaction continues to worsen</li> <li>● <b>GO TO THE NEAREST HOSPITAL IMMEDIATELY</b></li> <li>● <b>CALL EMERGENCY CONTACT PERSON</b></li> </ul>	<input type="checkbox"/> <b>EPI-PEN JR. 0.15 mg</b> OR <input type="checkbox"/> <b>EPI-PEN 0.30 mg</b>  <b>EXPIRY DATE:</b> _____  <b>EXPIRY DATE:</b> _____  <b>EXPIRY DATE:</b> _____

**BLUE TO THE SKY, ORANGE TO THE THIGH**

Remove the Epi-Pen Auto-Injector from the carrier tube and follow these 2 simple steps:

 <p><b>1</b></p> <p>Blue to the sky.</p>	<p>-Hold firmly with <b>ORANGE</b> tip pointing downward.</p> <p>-Remove <b>BLUE</b> safety cap by pulling straight up. Do not bend or twist.</p>	 <p><b>2</b></p> <p>Orange to the thigh.</p>	<p>-Swing and push <b>ORANGE</b> tip firmly into mid-outer thigh until you hear a click.</p> <p>-Hold on thigh for several seconds.</p>
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EMERGENCY CONTACT INFORMATION			
NAME:	RELATIONSHIP:	PHONE #	ALTERNATE #

THE UNDERSIGNED PARENT/GUARDIAN AUTHORIZES  
 ANY ADULT TO ADMINISTER **AND/OR**  CHILD TO SELF- ADMINISTER  
 EPINEPHRINE TO THE ABOVE-NAMED PERSON IN THE EVENT OF ANAPHYLACTIC REACTION, AS DESCRIBED ABOVE.

<b>Signature:</b>	*by typing your name in this box you agree to the statements above*	<b>Date:</b>
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