Anaphylaxis Action Plan

Name: _____ DOB: ____

Allergy To: _____ / Unknown

Epinephrine autoinjector must always be available to the child.

Child should carry their own epinephrine autoinjector: Yes / No (select appropriate response for the patient with input from caregiver)

	Symptoms	What to Do					
No Reaction	Exposure to allergen	nptoms	Observe the patient				
Mild Allergic Reaction	 ONE of the Following. Nose - runny or it Sneezing Lips, tongue or m or swells a little Skin - a <u>few</u> hives Belly - nausea, version 	-	 Give antihistamine: cetirizine (Zyrtec) OR diphenhydramine (Benadryl) Watch the patient closely Note: Severity can change quickly. If symptom gets worse or more symptoms begin, give epinephrine, and follow instructions below for <i>Moderate to</i> <i>Severe Reaction</i> 				
Moderate to Severe Reaction (Anaphylaxis)	 ANY of the Following: Throat feels tight Voice is hoarse Trouble breathing Wheezing or cough Fast or weak pulse Faints Blue or pale skin Dizzy Feeling of doom, confusion 	 Ske ag Ha sw Lip sw it h bro Vo an Se dia Hiv 	eepy or itated ard to vallow os or tongue vell – making nard to eathe omits over id over evere arrhea ves or red all er the body	 sudden Consider of Give a sec or do not g Call 911 if Continue to arrives if s Give cetiriz 	alling 911 ond dose of ep get better in 5 a second dose o give epineph symptoms have tine (Zyrtec) 0 mproving but	et stand up or wa pinephrine if syr minutes e is needed irine every 5 mir e not improved R diphenhydrar still has hives	alk all of the nptoms get worse nutes until EMS mine (Benadryl) if
<u>Medications:</u> (s	elect appropriate dose for		0.15 mg	0.0	Other (and		
Epinephrine	Inject into the muscle of the	he thigh	0.15 mg	0.3 mg	Other (spec	city)	
Epinephrine Antihistamine Preferred:	Cetirizine (<i>Zyrtec</i>)	he thigh 2.5mg	5mg	0.3 mg 10mg	Other (spec	city)	
Epinephrine Antihistamine		Ū.	· ·	Ū	25 mg	50mg	
Epinephrine Antihistamine Preferred:	Cetirizine <i>(Zyrtec)</i> Diphenhydramine <i>(Benadryl)</i>	2.5mg	5mg	10mg			
Epinephrine Antihistamine Preferred: Alternative:	Cetirizine <i>(Zyrtec)</i> Diphenhydramine <i>(Benadryl)</i>	2.5mg	5mg	10mg 18.75mg			
Epinephrine Antihistamine Preferred: Alternative: Emergency Con Name: Home Phone #: Sign	Cetirizine <i>(Zyrtec)</i> Diphenhydramine <i>(Benadryl)</i>	2.5mg 6.25mg	5mg 12.5mg Relationship: Work Phone	10mg 18.75mg			

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