Project Oceanology
Since 1972

ANAPHYLAXIS EMERGENCY ACTION PLAN

(Required for Epinephrine prescriptions)

FOR PATIENTS WITH MULTIPLE ALLERGIES REQUIRING EPHINEPHRINE, USE ONE FORM FOR EACH ALLERGEN

PLEASE NOTE PROJECT OCEANOLOGY REQUIRES 2 EPINEPHRINE AUTO-INJECTORS OR NASAL SPRAY FOR CAMP

Child's Name _____ Date _____

This child is allergic to:_____

This child is prescribed:
__ **EpiPen Auto-injector**
__ **Other Epinephrine Auto-injector (specify)**:_____
__ **Neffy Epinephrine Nasal Spray**
__ **Other (specify)**: _____

Prescribing Medical Care Provider:_____ Telephone (___)_____

Provider's Address:_____

Street City State Zip

ASTHMA? ☐ Yes (high risk for *severe reaction*) ☐ No **FOOD ALLERGY**_____

Signs of an allergic reaction include, but not limited to the following:

SYSTEMS*	***SYMPTOMS***
MOUTH	Itching & swelling of lips, tongue, or mouth
THROAT	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	Hives, itchy rash and/or swelling about the face and/or extremities
GUT	Nausea, abdominal cramps, vomiting and/or diarrhea
LUNG	Shortness of breath, repetitive coughing, and/or wheezing
HEART	"Thready" pulse, light-headedness, "passing-out"

****Above symptoms CAN potentially progress to a life-threatening situation! The severity of symptoms can change quickly.*

ACTION: NUMBER THE FOLLOWING FROM 1 to 6, in the correct order necessary for care. *(1= 1st step, 2= 2nd step, etc.)*
If participant ingests, thinks he/she has ingested, insect sting (seen or suspected), etc.

_____ Observe for severe symptoms
_____ Administer Epinephrine before symptoms occur
_____ Administer Epinephrine if symptoms occur
_____ Call 911 (and request paramedic) and transport to
_____ ER if symptoms occur

_____ Call 911 (and request paramedic) and transport to ER if Epinephrine given
_____ Administer Benadryl® (dose)_____ or
_____ Atarax® (dose)_____

DO NOT HESITATE TO ADMINISTER MEDICATION & CALL 911, EVEN IF PARENT(S) OR PRESCRIBER CANNOT BE REACHED!

_____ _____
Prescribers' Signature (MD/APRN/PS Date

_____ _____ _____
Parent/guardian Name(print) Parent/guardian Signature Date

EMERGENCY CONTACTS

1._____ Relation_____ Phone (___)_____

2._____ Relation_____ Phone (___)_____

3._____ Relation_____ Phone (___)_____

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