

# North Bolivar Consolidate School District Anaphylaxis form

## 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!

1. Inject epinephrine in thigh using (check one): \_\_\_\_\_ Adrenaclick (0.15 mg) \_\_\_\_\_ Adrenaclick (0.3 mg)  
\_\_\_\_\_ Auvi-Q (0.15 mg) \_\_\_\_\_ Auvi-Q (0.3 mg)  
\_\_\_\_\_ EpiPen Jr (0.15 mg) \_\_\_\_\_ EpiPen (0.3 mg)  
Epinephrine Injection, USP Auto-injector- authorized generic  
\_\_\_\_\_ (0.15 mg) \_\_\_\_\_ (0.3 mg)  
Other \_\_\_\_\_ (0.15 mg) Other \_\_\_\_\_ (0.3 mg)

Specify others: \_\_\_\_\_

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

2. Call 911 or rescue squad (before calling contact)  
3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature/Date/Phone Number \_\_\_\_\_

Parent's Signature (for individuals under age 18 years old)

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

This information is for general purposes and is not intended to replace the advice of a qualified health professional.