

Stanford Camp Allergy Action Plan

Emergency Care Plan

Place
Camper's
Picture
Here

Name: _____ D.O.B.: ____/____/____

Allergy to: _____

- Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No
- Child carries Epinephrine with them at all times
- Guardian to supply Epinephrine for counselors to carry for child

Extremely reactive to the following:

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the child was exposed to allergen.
- If checked, give epinephrine immediately if child was exposed to allergen, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion or exposure to allergen:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with camper; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with child; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping camper lying on back with legs raised. Treat child even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

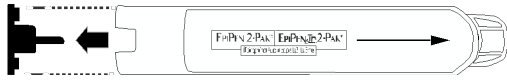
Date _____

Physician/Healthcare Provider Signature _____

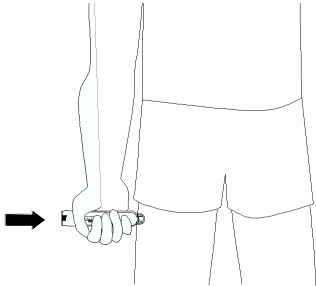
Date _____

EpiPen Auto Injector and EpiPen Jr. Auto Injector Directions

- First, remove the EpiPen Auto Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to the thigh)

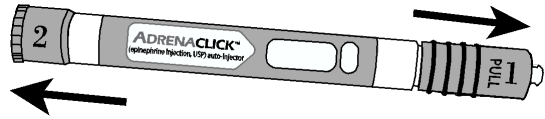


- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove EpiPen Auto Injector and massage the area for 10 more seconds.

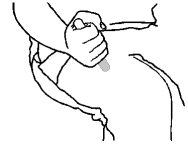


DEY* and Dey logo, EpiPen*, EpiPen 2-Pak* are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove **GREY** caps labeled "1" and "2."



Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

An allergy response kit should contain at least two doses of epinephrine, other medications as noted by the camper's physician, and a copy of this Allergy Action Plan.

A kit must accompany the camper if he/she is in the care of kids' counselors.

Contacts

Call 911 (Rescue squad: () -) Doctor: _____
 Parent/Guardian: _____

Phone: () - _____
 Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____
 Name/Relationship: _____

Phone: () - _____
 Phone: () - _____