

Allergy & Anaphylaxis Action Plan

In the event of an emergency, please contact Girl Scouts of Central & Southern NJ within 12 hours at 856-795-1560 or gscsnj.org

Name: _____ Date of Birth: _____

Allergy to: _____ Asthma: Yes (high risk for severe reaction) No

Other health problems besides anaphylaxis: _____

Concurrent medications, if any: _____

Where is the medicine kept while the girl is with the troop: _____

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS



LUNG: Short of breath, wheezing, repetitive cough



SKIN: Many hives over body, widespread redness



HEART: Pale, blue, faint, weak pulse, dizzy



GUT: Repetitive vomiting, severe diarrhea



THROAT: Tight, hoarse, trouble breathing or swallowing



MOUTH: Significant swelling of the tongue and/or lips



OTHER: Feeling something bad is about to happen, anxiety, confusion.

OR A COMBINATION of symptoms from different body areas.

1. INJECT EPINEPHRINE IMMEDIATELY.

2. CALL 911.

- Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
- Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MEDICATION/DOSES

Epinephrine Brand: _____

Epinephrine Dose: .15 mg IM .3 mg IM

Antihistamine Brand: _____

Antihistamine Dose: _____

Other (ex: inhaler): _____

MILD SYMPTOMS



NOSE: Itchy/runny nose, sneezing



MOUTH: Itchy mouth



SKIN: A few hives, mild itch



GUT: Mild nausea/discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

HOW TO USE AN EPIPEN® (EPINEPHRINE) AUTO-INJECTOR:

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



Hold firmly with orange tip pointing downward. Remove blue safety cap by pulling straight up. Do not bend or twist.



Swing and push orange tip firmly into mid-outer thigh until you hear a "click." Hold on thigh for several seconds.

Note: EpiPen® has built-in needle protection. When EpiPen® is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first sign of a reaction can be mild, but symptoms can get worse quickly.

MAIN EMERGENCY CONTACTS – CALL 911

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

2nd Parent/Guardian: _____ Phone: _____

ADDITIONAL EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Doctor's Authorization Signature: _____ Date: _____

Parent/Guardian's Authorization Signature: _____ Date: _____

Parent/guardian(s) and leader(s) should review this form together to ensure a clear understanding of girl's allergy and action plan in the event of emergency.

- Parent/guardians - make a copy of this form for your records.
- Troop leaders - keep this form with you during all troop activities.