**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following foods:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THEREFORE:

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

### FOR **ANY** OF THE FOLLOWING:

**SEVERE** SYMPTOMS



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.

Itchy mouth A few hives, Mild nausea/

mild itch discomfort

**GUT**

**MOUTH SKIN**

**NOSE**

Itchy/runny nose, sneezing

**MILD** 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/ swallowing

# OTHER

Feeling something bad is about to happen, anxiety, confusion

# MOUTH

Significant swelling of the tongue and/or lips

## OR A

**COMBINATION**

of symptoms from different body areas.



Name: D.O.B.:

Allergy to:

**PLACE PICTURE HERE**

Weight: lbs. Asthma: **[ ] Yes (higher risk for a severe reaction) [ ] No**

1. **INJECT EPINEPHRINE IMMEDIATELY.**

**MEDICATIONS/DOSES**

Epinephrine Brand:

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: Antihistamine Dose:

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

1. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

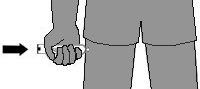
* Consider giving additional medications following epinephrine:

» 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.

PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE



**4**

**2**

Remove the EpiPen Auto-Injector from the plastic carrying case. Pull off the blue safety release cap.

Swing and firmly push orange tip against mid-outer thigh. Hold for approximately 10 seconds.

Remove and massage the area for 10 seconds.

1.

2.

3.

4.

5.

**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

## ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS



1. Remove the outer case. **2 3**
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

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

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

PHONE:

PARENT/GUARDIAN: PHONE:

NAME/RELATIONSHIP:

DOCTOR: PHONE:

PHONE:

RESCUE SQUAD:

**OTHER EMERGENCY CONTACTS**

NAME/RELATIONSHIP:

**EMERGENCY CONTACTS — CALL 911**

PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE