For Severe Allergy and Anaphylaxis

What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

**SPECIAL SITUATION**: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): ____________________. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

Give epinephrine!

What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
   - Ask for ambulance with epinephrine.
   - Tell rescue squad when epinephrine was given.
3. Stay with child and:
   - Call parents and child’s doctor.
   - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
   - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
   - Antihistamine
   - Inhaler/bronchodilator

For Mild Allergic Reaction

What to look for

If child has had any mild symptoms, **monitor child**.

Symptoms may include:
- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child

What to do

Stay with child and:
- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child’s doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See “For Severe Allergy and Anaphylaxis.”)
Medicines/Doses
Epinephrine, intramuscular (list type): ____________________________________
Dose: □ 0.10 mg (7.5 kg to less than 13 kg) □ 0.15 mg (13 kg to less than 25 kg) □ 0.30 mg (25 kg or more)
Antihistamine, by mouth (type and dose): __________________________  (*Use 0.15 mg, if 0.10 mg is not available)
Other (for example, inhaler/bronchodilator if child has asthma): __________________________

Parent/Guardian Authorization Signature Date

Physician/HCP Authorization Signature Date

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Allergy and Anaphylaxis Emergency Plan

Child’s name: __________________________________________ Date of plan: ________________________________

Additional Instructions:

Contacts
Call 911 / Rescue squad: __________________________

Doctor: ___________________________________________ Phone: __________________________

Parent/Guardian: ___________________________ Phone: __________________________

Parent/Guardian: ___________________________ Phone: __________________________

Other Emergency Contacts

Name/Relationship: ___________________________ Phone: __________________________

Name/Relationship: ___________________________ Phone: __________________________