

INDIVIDUALIZED ANAPHYLAXIS EMERGENCY GAME PLAN

Participant's Name: _____ **D.O.B.:** _____
Doctor Name: _____ **Phone Number:** _____

Known Allergies:

Location of Epi-Pen: With individual. _____ has placed EpiPen & EpiPen Jr. strategically throughout the facility for emergency use in the following locations.

EpiPen (For patients weighing ≥ 30 kg/66lbs or ≥ 8 years old)	EpiPen Jr (For patients weighing < 30 kg/66lbs or < 8 years old)
Insert Locations Here	Insert Locations Here

WHEN TO ADMINISTER EpiPen...

Confirmed or suspected exposure to allergen One (1) Airway symptom OR Two (2) Non-Airway symptoms	
Airway	Non-Airway
<ul style="list-style-type: none"> Shortness of breath Difficulty breathing Coughing Hoarse voice Drooling Swelling to face (tongue or lips) 	<ul style="list-style-type: none"> Rash Hives Itchiness Vomiting Diarrhea Abdominal Cramps
Anaphylaxis can occur up to 6 hours after exposure When in doubt give EpiPen	

Emergency Action Plan

1. Activate Emergency First Aid Game Plan. Call 9-1-1. Bring AED and Emergency Response Kit to the person including EpiPen
2. Administer the EpiPen
 - a. Pull off the Grey cap
 - b. Keeping your finger away from the blue section, inject the EpiPen into the outer thigh (Clothing should be removed)
 - c. Hold the EpiPen into the thigh (bare thigh whenever possible) for 10 – 15 seconds
3. Monitor and document the situation. If no improvement in 5 minutes administer a second EpiPen in the other thigh
4. Transfer care to paramedics upon their arrival

APPROVED DATE: _____ PLAN EXPIRY DATE: _____

Emergency Contact Information:

Name: _____

Home Address: _____

Cell Number: _____

Home Number: _____

Work Address: _____

Home Address: _____

Name: _____

Home Address: _____

Cell Number: _____

Home Number: _____

Work Address: _____

Home Address: _____

Name: _____

Home Address: _____

Cell Number: _____

Home Number: _____

Work Address: _____

Home Address: _____

Epi-Pen Expiry Date: _____

I have given the above information that is to be followed in the event _____ has an anaphylactic reaction and requires an epinephrine auto injector (EpiPen). I give permission for the EpiPen to be administered, as needed, and am aware that this information will be posted throughout the facility in visible places. I understand that anaphylaxis and EpiPen training will be provided to all staff during First Aid & CPR training and annually by myself, the organization or an approved trainer in First Aid & CPR and consent to this being provided on my behalf.

Patient or Designates Signature

Date

Witness Signature

Date

Epi-Pen Training / Anaphylaxis Awareness Identification

Person with Anaphylaxis Name: _____

Name of Epi-Pen Trainer or Organization Providing Training: _____

Approved Date: _____

All staff have been trained in Epi-Pens and Anaphylaxis during First Aid & CPR Training.

Date	Staff / Volunteer / Student Name	Signature	Trainer Name or Signature

The signatures indicate that Epi-Pen and Anaphylaxis Training has been completed for the person with anaphylaxis identified above.