



ANAPHYLAXIS
Individual Emergency Action Plan

Individuals with multiple anaphylactic responses should complete one form for each allergen

Name of Child: _____
Camp Session: _____

Date of Birth: _____
Grade in Fall: _____

About the Signs/Symptoms Experienced by this Person:

Check those that apply to this person's anaphylaxis response. It is assumed that the severity of these symptoms can change Quickly; some can potentially progress to a life-threatening situation.

- Itching of the lips, tongue and/or mouth
- Swelling of the lips, tongue and/or mouth
- Itching and/or sense of tightness in the throat
- Hoarseness
- Hacking cough; repetitive cough and/or wheezing
- Swelling about the face
- Hives; an itchy rash
- Nausea, abdominal cramping, vomiting and/or diarrhea
- Thready pulse; increased heart rate
- Passing out, fainting.

History

Does this person also have asthma? Yes___ No___

Can this person recognize when s/he is experiencing signs/symptoms of anaphylaxis? Yes___ No___

When did this person last experience an anaphylactic response? Date: _____

Describe what happened and how the person responded:

NOTE: If your physician wants a different protocol followed, then have your physician legibly write that protocol on the back of this form followed by his/her signature and date.

Please return to:
Pendola Center
2110 Broadway
Sacramento, CA 95819

Parent/Guardian signature: _____
Date: _____ Relationship to Child: _____

Emergency Action Plan

Please note that the campers are at least 30 minutes away from definitive care.

Regarding an EpiPen:

Our expectation is that this person will bring at least one EpiPen, carry that device on their person during their stay, and know how to use the EpiPen.

Has this person ever administered the EpiPen to themselves? Yes___ No___

Our health care staff will help the youth administer their EpiPen if the need arises.

Recognizing a Reaction:

It is our expectation that this child will tell a staff member if s/he or suspects s/he is having a reaction. Parents: please instruct your child to do this.

Treating a Suspected Exposure:

If an exposure is suspected but no signs or symptoms of anaphylaxis are present, Pendola protocol is to monitor the person for 20 minutes and take no further action unless signs/symptoms appear.

Treating an Anaphylactic Response

1. Assuming a patent airway, give 50 mg diphenhydramine (e.g. Benedryl) by mouth. Remove person from contact with allergen if possible.
2. Inject .3 cc epinephrine stat; repeat close as needed.
3. Call an ambulance; tell the ambulance crew that this is an anaphylaxis situation.
4. Contact parents per directions on child's health.

*Please return this form at least three weeks before your child arrives to Pendola
If you have any questions, please contact us at 916-PEN-DOLA.
Thank you for helping us provide a great Pendola experience for your child!*