

# Allergy Action Plan For: \_\_\_\_\_

\_\_\_\_\_ has life-threatening allergies (anaphylaxis) to:

- **Peanuts**
- **Tree nuts**
- **Uncooked egg**

\*Ingesting even a trace amount of any of the above allergens can cause \_\_\_\_\_ a life-threatening reaction. Likewise, trace amounts can be airborne and left on surfaces, so it is doubly important to ensure he is not exposed to anyone eating his allergens around him

*He/She is also allergic to:*

- **Egg (cooked, but for less than 15 minutes at 350 C)**
- **Kiwi**
- **Mustard**

\*All of the above can cause major and minor skin reactions, severe stomach pain, vomiting, diarrhea and potentially anaphylaxis.

\* Lucas has absolutely no problem eating foods that contain eggs, provided the food has been cooked for about 15 mins at 350 C or above (ie challah, egg noodles, cakes, most cookies, etc).

\*We are NOT concerned with other people eating them in his presence.

*His non-food allergies include:*

- **Dogs, cats, horses (and other furry friends)**
- **Environmental allergens (pollens, dust mites)**

\*All of the above can cause irritating reactions in the form of itchy watery eyes, hives, runny nose, blotchiness and eczema to more severe reactions like facial/tongue swelling, shortness of breath and wheezing (asthma).

But, **ANY** and all of the above-mentioned symptoms can be the beginning of and/or associated with anaphylactic reaction, so it's important to zero in on XXX when any symptom is present.

While we urge you to use the EpiPen if you suspect \_\_\_\_\_'s reaction is escalating, sometimes a hive is just a hive and, more often than not, an itch is just an itch.

He should not be fed his allergens and all reasonable efforts should be made to eradicate his exposure to them (to be discussed in person).

## **An Anaphylactic Reaction:**

The most severe form of anaphylaxis is respiratory arrest. Therefore, any sign of respiratory distress should be treated seriously.

Otherwise, what you're looking for is an escalation of symptoms (ie watching to see if they're getting worse or spreading). His EpiPen should be administered immediately, if/when you see signs of respiratory distress (constricted breathing) or if the physical symptoms are spreading. Also if you have reason to believe he has accidentally ingested a peanut, tree nut or uncooked egg, administer the EpiPen immediately - don't wait for the symptoms.

Other signs and symptoms can include stridor (a change in the pitch of his voice due to the tightening of air passages in the neck), behavioural changes, swelling of the tongue, swelling and reddening of the face, stomach pain, diarrhea and of course Lucas complaining of feeling his neck tightening, having trouble breathing...

Respiratory distress can be obvious, but with young children who aren't as likely to communicate what they are feeling, it's important to notice the red flags. Acting fast is key to anaphylaxis survival!

**All in all, when in doubt, give the EpiPen first!**

## **General EpiPen Protocol**

- \* Once you've administered the EpiPen, 911 should be called immediately (before anyone else including mom...). Report a child in anaphylactic shock ("CHILD NOT BREATHING" is always a strong trigger) and remain calm.
- \* Comfort Lucas and prep him for what is to come in a calm and confident tone.
- \* Call mom and/or dad as soon as there's an opportunity (but not before 911 is called)
- \* When the paramedics arrive they will likely hook Lucas up to some monitors to keep a check on his vitals until he gets to the hospital. Depending on his state and how long it has been since the first shot, they may have to administer more epinephrine, but this will be their call.

Under the best-case scenario, Lucas will spend four hours being monitored at the hospital, then released, assuming there is no relapse.

\*\*\* The ambulance shouldn't take more than 5 minutes, although you'd be surprised. Each EpiPen buys you about 15 minutes (i.e. holds the airways open), so if that much time has passed since you gave him the shot and you see signs of respiratory distress returning, give him another.

But DO NOT give him more than one shot/dose within a 15-minute time frame, as that would be too much medicine for him.

**Each EpiPen has only one dose. A second EpiPen is required for a second dose.**

A back-up EpiPen is there for several important reasons:

- \* If the first EpiPen is faulty or something went wrong in your administration

\*If \_\_\_\_\_'s anaphylactic symptoms appear to be returning after 15-20 minutes (and the ambulance has not arrived yet), a second dose will be required.

**NOTE:** \_\_\_\_\_ is aware that he has severe allergies. It can be challenging for all of us at times, but we are nothing but positive about it. He knows we have to be extra careful around food, always read ingredients, avoid anything that isn't prepackaged and labeled, and never eat or touch anything that hasn't been approved by the adult who's caring for him. However, he is still a young kid. While he has had to deal with a lot of grown-up concepts, he is not governed by fear and he is not entirely responsible, yet, for managing his allergies. He is a normal, healthy, energetic and lovable kid, who is as unpredictable as the next. He loves food as much as he does being active and playing with other kids. The best way to help him continue to be the happy, well-adjusted kid he is, is to try to be subtle about your fears, vigilant about prevention, prepared as possible to identify and act on an emergency, and focused on his abilities.

**\*\*\*At camp, \_\_\_\_\_ will wear his EpiPen in a small pouch around his waist, unless he's engaged in sport or water activities.**

**\*\*\*His counselors will have to help ensure it doesn't get lost or forgotten.**

## **Quick-Reference Signs and Symptoms of Anaphylaxis (FAST)**

**Face:** itchiness, redness, swelling of face and tongue

**Airway:** trouble breathing, swallowing or speaking (stridor)

**Stomach:** stomach pain, vomiting diarrhea

**Total:** hives, rash, itchiness, swelling, weakness, pallor, sense of doom, loss of consciousness

### **Action Plan in Sum:**

- 1. Recognize respiratory distress**
- 2. Remain calm**
- 3. Administer EpiPen**
- 4. Call 911**
- 5. Call emergency contact**
- 6. Give Benadryl for associated symptoms (hives, swelling...), if necessary but only after the epinephrine has been administered.**

**NOTE2:** In addition to Lucas' food allergies, he is also very reactive to the environment, including heat, sun, sweat, trees, chlorine, sunscreen. etc. He can also get contact and atopic reactions (ie his skin can react to contact with certain foods, chemicals, etc). These reactions aren't life threatening, but can be very irritating and cause swelling of the eyes, skin rashes, headaches and itchiness all over, including his neck... It is important to keep an eye out for these things as he might just need to cool off, take some shade, go inside,

change his shirt, put some cold compresses on his eyes, have some water, chill out, take some Benadryl or simply stop whatever he's doing... Any or all of these things can be a solution.

These reactions are more commonplace than anaphylaxis in Lucas' life. We've had to use the EpiPen only once thanks to the vigilance of his caregivers, teachers, instructors, family and friends throughout the years, but dealing with the non-life-threatening stuff can be more common, which makes it almost equally important to keep a check on and understand.

As with most kids, he doesn't want to be singled out for his challenges or miss out on a good time, so he will often do his best to rise above his irritation, which is great if he can.

**PLEASE FEEL FREE TO CALL OR EMAIL ME ANYTIME WITH QUESTIONS OR CONCERNS ABOUT THIS ACTION PLAN OR ANYTHING TO DO WITH LUCAS' HEALTH AND WELL-BEING.**

**BEST,  
Samantha Yaffe 416-XXX-XXXX**

**EMERGENCY CONTACT INFO:**

**MOM  
DAD  
ALLERGIST  
FAMILY DOCTOR  
GRANDMOTHER  
GRANDFATHER**