



Girl Scouts®

Girl Scouts of Greater Atlanta, Inc.

Resident and Day Camp Anaphylaxis Emergency Action Plan

NAME: _____ AGE: _____

ALLERGY TO: _____

Asthma: Yes (high risk for severe reaction) No

Other health problems besides anaphylaxis: _____

Concurrent medications, if any: _____

SYMPTOMS OF ANAPHYLAXIS INCLUDE:

- MOUTH:** itching, swelling of lips and/or tongue
- THROAT*:** itching, tightness/closure, hoarseness
- SKIN:** itching, hives, redness, swelling
- GUT:** vomiting, diarrhea, cramps
- LUNG*:** shortness of breath, cough, wheeze
- HEART*:** weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.
*Some symptoms can be life-threatening! ACT FAST!

WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING: EpiPen Jr. (0.15 mg) Twinject (0.15 mg)
 EpiPen Jr. (0.3 mg) Twinject (0.3 mg)

Other medication/dose/route: _____

IMPORTANT: ASTHMA PUFFERS AND/OR ANTIHISTAMINES CANNOT BE DEPENDEN ON IN ANAPHYLAXIS!

2. CALL 911 or RESCUE SQUAD (BEFORE CALLING CONTACTS)!

3. EMERGENCY CONTACTS:

Emergency contact #1: home _____ work _____ cell _____

Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

DO NOT HESITATE TO GIVE EPINEPHRINE!

COMMENTS: _____

Doctor's Signature/Date

Parent's Signature (for individuals under 18 years)/Date