



## **ANAPHYLAXIS EMERGENCY PLAN**

<u>-</u>				
	a potentially life threatenin		to:	
Tills person has a	(Check the appropriate b		to.	
	☐ Food(s):			
	☐ Insect stings			
Photo	☐ Other:			
	Epinephrine Auto-Injec	tor: Expiry Date:		
of	Dosage:			
Student	☐ EpiPen Jr. 0.15 mg			☐ Allerject 0.30
Student	Location of Auto-Inject			
	☐ Previous anaphylact			1.1 1965 16
	☐ <b>Asthmatic:</b> Person is			nd has difficulty
	breathing, give epinephri	ine auto-injector before a	astrima medication.	
	_			
A person having	an anaphylactic reaction n	night have any of these	signs and symptoms:	
	hives, swelling (face, lips, to			
	ystem (breathing): coughir			r tightness, throat
	rse voice, nasal congestion,			
sneezing) trou	ble swallowing.			
	<b>nal system (stomach):</b> nau			
	ar system (heart): paler tha	an normal skin colour/blu	ie colour, weak pulse, pa	assing out, dizzines
lighteadedness				
	y, sense of doom (the feeling	g that something bad is a	ibout to happen), heada	che, uterine cramps
metallic taste.	Early recognition of symptor	m and immediate treatme	ent could save a nerson	's life
	Larry recognition or sympton	ii aiiu iiiiiiieulale liealiiid	eni coula save a person	S III C.
Act quickly. The	first signs of a reaction ca	n be mild, but sympton	ns can get worse verv	auickly.
	rine auto-injector at the firs			
2. Call 9-1-1 or lo	ocal emergency medical serv	vices. Tell them someon	e is having a life-threate	ening allergic reaction
	<b>d dose of epinephrine</b> as e	arly as 5 minutes after th	e first does if there is no	improvement in
symptoms.				
	rest hospital immediately (			
	ould worsen or come back, ervation as decided by the em			
	ivalion as decided by the en			Juis).
period of obse	cy contact person (e.g. pai		ysician (generally 4-6 no	•
period of obse  5. Call emergen	cy contact person (e.g. pai Contact Information		ysician (generally 4-6 nd	
period of obse  5. Call emergen	cy contact person (e.g. par Contact Information Relationship		Work Phone	Cell Phone
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period of obse  5. Call emergency  Name	Contact Information  Relationship	Home Phone	Work Phone	
period of obse  5. Call emergency  Name  The undersig	Contact Information Relationship  med patient, parent, or guard	Home Phone  dian authorizes any adult	Work Phone	ne to the above-na
period of obse  5. Call emergency  Name  The undersig	Contact Information  Relationship	Home Phone  dian authorizes any adult	Work Phone  to administer epinephrical This protocol has been	ne to the above-na

## How to use EpiPen and EpiPen Jr Auto-injectors.

Remove the EpiPen<sup>\*</sup> Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



## Built-in needle protection

 When the EpiPen- Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information visit EpiPen.ca.

EpPen\* and EpPen\* Ir Auto-injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylacts, including individuals with a history of anaphylactic reactions.





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