



BADGER DAY CAMP

Allergy Action Plan

119 Rockland Ave, Larchmont, New York 10538 • 914.834.1084 • info@badgerdaycamp.com



Step 1: Treatment

Give Checked Medication

To be determined by physician authorizing treatment

If a food allergen has been ingested, but *no symptoms*

Epinephrine Antihistamine

Mouth itching, tingling, or swelling of lips, tongue, mouth

Epinephrine Antihistamine

Skin Hive, itchy rash, swelling of the face or extremities

Epinephrine Antihistamine

Gut Nausea, abdominal cramps, vomiting, diarrhea

Epinephrine Antihistamine

Throat* Tightening of throat, hoarseness, hacking cough

Epinephrine Antihistamine

Lung* Shortness of breath, repetitive coughing, wheezing

Epinephrine Antihistamine

Heart* Weak or thready pulse, low blood pressure, fainting, pale, blueness

Epinephrine Antihistamine

Other *

Epinephrine Antihistamine

If reaction is progressing (Several of the above areas affected), give:

Epinephrine Antihistamine

* Potentially life-threatening. The severity of symptoms can quickly change

Dosage

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Step 2: Emergency Calls

1. Call 911 (or rescue squad: _____) State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number _____

3. Parent _____ Phone Number(s) _____

4. Emergency Contacts Phone Number(s)

a _____ 1 _____ 2 _____

b _____ 1 _____ 2 _____

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility

SIGNATURE OF PARENT OR GUARDIAN

DATE

DOCTOR'S SIGNATURE (REQUIRED)

DATE