Anapnyiaxis Emerg	GUILY FIAII:			(name
This person has a potentially li	fe-threatening allergy (a	anaphylaxis) to:		
	(Check the appropriate b	poxes.)		
РНОТО	☐ Insect stings ☐ Other:			
	Epinephrine Auto-Ir Dosage:	njector: Expiry Date: ng	//	
	Location of Auto-Injector(s):			
	 ☐ Previous anaphylactic reaction: Person is at greater risk. ☐ Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication. 			
A person having an anaphylact	ic reaction might have <i>l</i>	ANY of these signs and s	symptoms:	
Respiratory system (breathing voice, nasal congestion or ha Gastrointestinal system (stored Cardiovascular system (hear lightheadedness, shock Other: anxiety, sense of door	ng): coughing, wheezing, y fever-like symptoms (rumach): nausea, pain or oth): paler than normal skin (the feeling that someth	, shortness of breath, chunny, itchy nose and wa cramps, vomiting, diarrh in colour/blue colour, we ning bad is about to happ	tery eyes, sneezing), trou ea ak pulse, passing out, di en), headache, uterine c	zziness or ramps, metallic taste
Early recogni	tion of symptoms and	l immediate treatmer	nt could save a person	's life.
Act quickly. The first signs of a	reaction can be mild, b	ut symptoms can get w	orse very quickly.	
 Give epinephrine auto-inject instruction sheet.) Call 9-1-1 or local emergency Give a second dose of epine Go to the nearest hospital in could worsen or come back, decided by the emergency desided by the emergency desid	y medical services. Tell to phrine as early as 5 min nmediately (ideally by a even after proper treatme epartment physician (gen son (e.g. parent, guardia	hem someone is having utes after the first dose i mbulance), even if sympent. Stay in the hospital perally about 4-6 hours).	a life-threatening allergion f there is no improvemer otoms are mild or have s for an appropriate period	reaction. nt in symptoms. topped. The reaction
Name	Relationship	Home Phone	Work Phone	Cell Phone
			 inephrine to the above-named recommended by the patient's	
Patient/Parent/Guardian Signature	Date	Physic	ian Signature 🔲 On file	Date











