

Emergency Action Plan

Student Name: _____ Solano Community College ID# _____ Birth Date: _____

Allergies: _____

Additional health problems: _____
Asthma? Y/N

Medications: _____

Other Comments: _____

Do you have an Epi-Pen or automatic epinephrine injector with you?

Symptoms of Anaphylaxis (Severe Allergic Reaction)

MOUTH: itching, swelling of lips and/or tongue **THROAT:***
itching, tightness/closure, hoarseness **SKIN:** itching, hives,
redness, and/or swelling
GUT: vomiting, diarrhea, cramps
LUNGS:* 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. You MUST ACT FAST!*

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):

Adrenaclick (0.15 mg) Adrenaclick (0.3 mg)
EpiPen Jr (0.15 mg) EpiPen (0.3 mg)
Epinephrine Injection, USP Auto-injector- authorized generic (0.15 mg) (0.3 mg)
Other (0.15 mg) Other (0.3 mg)

Specify others: **IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or ER Response Team (before calling contact)

3. Emergency contact#1

Name: _____ Relationship: _____

Home: _____ work: _____ cell: _____

4. Emergency contact#2

Name: _____ Relationship: _____

Home: _____ work: _____ cell: _____

Doctor's Signature/Name/Date/Phone Number:

Parent's Signature/Name/Date (*for individuals under age 18 yr):

* Minor Consent (for students under age 18 yr) form must accompany this form. (See this web page for downloadable form)