

Winter (until May 20)
10179 Crosstown Circle
Eden Prairie, MN 55344
Fax 952.922.7149
Voice 952.922.2545
800.242.1909



Summer (after May 20)
PO Box 1308
Lake Hubert, MN 56459
Fax 218.963.2447
Voice 218.963.2339
800.242.1909

2010 Anaphylaxis Form

Individual Emergency Action Plan

Individuals with multiple anaphylactic responses should complete one form for each allergen. PLEASE PRINT

About the Signs/Symptoms Experienced by this Person

Check those that apply to this person's anaphylaxis response. It is assumed that the severity of these symptoms can change quickly: some can potentially progress to a life-threatening situation.

- Itching of the lips, tongue and/or mouth.
- Swelling of the lips, tongue and/or mouth.
- Itching and/or a sense of tightness in the throat.
- Hoarseness.
- Hacking cough; repetitive cough and/or wheezing.
- Swelling about the face.
- Hives; an itchy rash.
- Nausea, abdominal cramping, vomiting and/or diarrhea.
- Shortness of breath.
- "Thready" pulse; increased heart rate.
- "Passing out," fainting.

Name of Camper: _____

Date of Birth: _____ / _____ / _____

Session Dates: _____

This person responds with anaphylaxis from:

Emergency Action Plan

Note: Our Camp is 20 minutes from definitive care.

Regarding an EpiPen®

Our expectation is that this person will bring at least one EpiPen®, carry that device on their person during their camp stay, and know how to use the EpiPen®.

Has this person ever administered the EpiPen® to themselves?
..... Yes
 No

Our healthcare staff will help a camper administer their EpiPen® if need arises.

Recognizing a Reaction

It is our expectation that this child will tell a staff member if she/he suspects she/he is having a reaction. Parents: please instruct your child to do this.

Treating a Suspected Exposure

If an exposure is suspected but no signs or symptoms of anaphylaxis are present, the camp protocol is to monitor the person and take further action when signs/symptoms appear.

Treating an Anaphylactic Response

1. Assuming a patent airway, give 50 mg diphenhydramine (e.g. Benedryl) by mouth. Remove person from contact with allergen if possible.
2. Contact with our onsite M.D. will be made.
3. Inject 0.3 cc epinephrine stat; repeat dose as needed.
4. Call an ambulance; tell the ambulance crew that this is an anaphylaxis situation.
5. Contact parents per directions on camper's health form.

If your physician wants a different protocol followed, have your physician legibly write that protocol on the back of this form followed by his/her signature and date.

History

Does this person also have asthma? Yes
 No

Can this person recognize when she/he is experiencing signs/symptoms of anaphylaxis? Yes
 No

When did this person last experience an anaphylactic response?
Date: _____

Describe what happened and how the person responded:

Signature of Custodial Parent/Legal Guardian: _____ **Date:** _____

Return this completed form to camp at the address above.
Questions? Please call camp at 800-242-1909