Anaphylaxis Emerg	gency Plan: _			(name,					
This person has a potentially li	fe-threatening allergy (a	anaphylaxis) to:							
	(Check the appropriate b	poxes.)							
	☐ Food(s):								
	☐ Insect stings								
PHOTO	Other:								
	Epinephrine Auto-Injector: Expiry Date:// Dosage:								
	☐ EpiPen® Jr. 0.15 mg ☐ EpiPen® 0.30 mg								
	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								
							oinephrine auto-injector		
					A person having an anaphylact	ic reaction might have <i>l</i>	ANY of these signs and s	symptoms:	
Skin system: hives, swelling	(face line tongue) itchi	ing warmth redness	•						
 Respiratory system (breathir 	• =	-	est pain or tightness, thr	roat tightness, hoarse					
voice, nasal congestion or ha	y fever-like symptoms (ru	unny, itchy nose and wa	tery eyes, sneezing), tro	uble swallowing					
 Gastrointestinal system (stor 	•	· -							
 Cardiovascular system (hear lightheadedness, shock 	t): paler than normal ski	n colour/blue colour, we	ak pulse, passing out, d	izziness or					
Other: anxiety, sense of door	(the feeling that someth	ing bad is about to happ	en), headache, uterine o	cramps, metallic taste					
Early recogni	tion of symptoms and	l immediate treatmer	nt could save a persoi	n'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.) 	or (e.g. EpiPen®) at the f	first sign of a known or s	uspected anaphylactic r	eaction. (See attached					
2. Call 9-1-1 or local emergence	=	_							
3. Give a second dose of epine									
 Go to the nearest hospital in could worsen or come back, decided by the emergency de 	even after proper treatme	ent. Stay in the hospital	for an appropriate period						
5. Call emergency contact pers	•								
F									
Emergency Contact Information		II Div	W. I. Divers	O. II Di					
Name	Relationship	Home Phone	Work Phone	Cell Phone					
	parent, or guardian authorize ctic reaction, as described ab								
Patient/Parent/Guardian Signature	Date	Physic	ian Signature On file	 Date					
-		•	_						













Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen® Jr (epinephrine) Auto-injectors.

Remove the EpiPen® 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

 After injection, the orange cover automatically extends to ensure the needle is never exposed.



After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.

EpiPen® and EpiPen® Jr (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen® Jr Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. 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. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.





