

H ANAPHYLAXIS -

Individual Emergency Action Plan

ID#«ID_Number»	«Type_of_Camper»
«First_Name» «Last_Name»	(«Nickname»)
«Mailing_Address»	
«Mailing_Address_Line_2»	
«Mailing_City», «Mailing_State»	
«Mailing_Zip_Code» «Mailing_Country»	
«Telephone»	DOB:«Date_of_Birth»

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

This person responds with anaphylaxis from: _____

About the Signs/Symptoms Experienced by your son.

Check those that apply to your child'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.

History

Does your child also have asthma? Yes No

Can your child recognize when he is experiencing signs/symptoms of anaphylaxis? Yes No

When did your child last experience an anaphylactic response? Date: _____

Describe what happened and how your child responded:

Emergency Action Plan

Please note that Camp Kooch-i-ching is at least 30 minutes from definitive care.

Regarding an EpiPen®

Our expectation is that your child will bring at least one EpiPen®, carry that device on his person during his/her camp stay, and know how to use the EpiPen®.

Has your child ever administered the EpiPen® to himself?

Yes No

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

Recognizing a Reaction

It is our expectation that your son will tell a staff member if he suspects 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 Kooch-i-ching and Ogichi Daa Kwe protocol is to monitor the person for 20 minutes and take no further action unless signs/symptoms appear.

Treating an Anaphylactic Response

1. Assuming a patent airway, give 50 mg. Diphenhydramine (e.g. Benadryl) by mouth. Remove camper from contact with allergen, if possible.
2. Inject 0.3cc epinephrine stat; repeat dose as needed.
3. Call an ambulance; tell the ambulance that this is an anaphylaxis situation.
4. 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.

Signature of Custodial Parent or Legal Guardian: _____

Printed Name: _____

Date Signed: _____

Return this completed form to:
3515 Michigan Ave. Cincinnati, OH 45208
 Questions? Please call 513-772-7479