

Participant: _____
Last Name First Name Middle Initial

**Fir Acres Writing Workshop
Lewis & Clark College
Individual Emergency Action Plan
for Your Participant's Anaphylaxis**

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

Participants who experience anaphylactic responses to allergens are likely to have symptoms that can change quickly, and can potentially progress to a life-threatening situation.

Our expectation is that participants with anaphylactic responses are primarily responsible for recognizing their symptoms and self-administering injectable epinephrine (using an EpiPen®) when necessary. Participants should bring at least one EpiPen®, carry that device on his/her person throughout the Workshop, and know how to use it. Workshop staff may be able to help administer an EpiPen®, and will be able to arrange emergency transport to a nearby hospital (approximately 15 minutes away) if needed.

*Please complete this form in consultation with your participant and his/her physician, attaching additional information as necessary. Return this **no later than May 15th** to:*

**Fir Acres Writing Workshop
Lewis & Clark College MSC 58
615 S Palatine Hill Road
Portland, OR 97219**

If you have questions or concerns, please call us at 503-768-7932 and we will try our best to answer your questions.

Participant responds with anaphylaxis from: _____
(allergen)

Signs/Symptoms Experienced by Participant

Check those that apply:

- ☐ 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 participant also have asthma? ☐ Yes ☐ No

Can participant recognize his/her signs and symptoms of anaphylaxis? ☐ Yes ☐ No

When did participant last experience an anaphylactic response? Date: _____

What happened and how did participant respond?

Has participant ever administered the EpiPen® to him/herself? ☐ Yes ☐ No

Anaphylaxis Response Plan

Recognizing a Reaction

We expect the participant to tell a staff member if he/she suspects an allergic reaction.

Treating an Allergic Reaction

1. If breathing is compromised, participant should immediately self-administer the EpiPen® as previously instructed by his or her health care professional. Staff will help administer the EpiPen® if needed.
2. Workshop staff will call 911 and tell the paramedics that this is an anaphylaxis situation.
3. If participant is breathing, staff will administer 50 mg diphenhydramine (e.g., Benadryl) by mouth, and remove participant from contact with allergen if possible.
4. Staff will contact participant's emergency contacts listed below.

If your physician wants a different protocol followed, please have them write it legibly, sign and date it, and attach it to this form.

Who should we contact in event of an emergency?

- | | | | |
|----|-------|-------|-----------------------------|
| 1) | _____ | _____ | _____ |
| | name | phone | relationship to participant |
| 2) | _____ | _____ | _____ |
| | name | phone | relationship to participant |

Name of Parent/Guardian Completing Form (please print)

Signature _____ Date: _____
Parent/Guardian

Signature _____ Date: _____
Participant