

SPRING HILL YOUTH FOOTBALL ASSOCIATION



2018 Anaphylaxis Action Plan

To continue our focus on safety measures for our participants, the Spring Hill Youth Football Association (Hawks) has created this Anaphylaxis Emergency Action Plan that should be followed in the event of an allergic reaction. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the President or Vice President of the Hawks.

The completion of this plan must be coordinated with the parent(s) of the player to ensure approved actions are taken during any emergency.

Player Information:

Full Name: _____ Age: _____

Allergy To: _____

Asthma? Yes (high risk for sever reaction) No

Other health issues other than anaphylaxis: _____

Current medications, if any: _____

Does the player wear medical identification jewelry that identifies the anaphylaxis potential and the allergen triggers? Yes No

Symptoms of Anaphylaxis Include:

- Mouth: itching, swelling of lips and/or tongue
- Throat*: itching, tightness/closure, hoarseness
- Skin: itching, hives, redness, swelling
- Gut: vomiting, diarrhea, cramps
- Lung*: 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! **ACT FAST!**

What to Do:

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

- Adrenaclick (0.15 mg) Auvi-Q (0.15 mg) EpiPen Jr (0.15 mg)
- Adrenaclick (0.30 mg) Auvi-Q (0.30 mg) EpiPen Jr (0.30 mg)

*Note: The parents of the player should carry and administer epinephrine. Parents should make sure a doctor has provided a prescription for the right medication for the player, that it is current/not expired.

Other medication/dose/route: _____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on in anaphylaxis!

2. **Call 9-1-1** (before calling emergency contacts)!

3. Call Emergency Contact(s)

- ❖ Cell _____ Work _____ Home _____
- ❖ Cell _____ Work _____ Home _____
- ❖ Cell _____ Work _____ Home _____

Comments: _____

Parents Signature

Date