

Office Use:

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| Cabin _____ |
| Session Dates |
| From: ____/____/____ |
| To: ____/____/____ |

Camp Foley

Anaphylaxis Response Plan

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| Please return by May 1 to: |
| Camp Foley |
| 9303 Father Foley Drive |
| Pine River MN 56474 |
| FAX 218-543-4269 |

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|---|------------------------|
| Camper's name _____ | Birthdate _____ |
| This person responds with anaphylaxis from _____ | |

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

History

- Does this person also have asthma?..... Yes
 No
- Can this person recognize when s/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:

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.

Emergency Action Plan

Note: Camp Foley is at least 45 minutes from definitive care. Camp is supported by 911.

Regarding an EpiPen®

Our expectation is that this person will bring at least two EpiPens®, one to be carried on the person during their Camp Foley stay, one to be kept in the health center, and will 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 s/he suspects s/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 Foley protocol is to monitor the person and take further action when signs/symptoms appear.

Treating an Anaphylactic Response

1. Remove camper from contact with allergen if possible.
2. Assess signs & symptoms. Assuming a camper's airway is open, give 50 mg diphenhydramine (e.g. Benedryl) by mouth.

Based off of severity the following may occur in any order:

- *Continue to monitor signs/symptoms.
- *Inject 0.3 cc epinephrine; repeat dose as needed.
- *Drive to the Emergency Room.
- *Call an ambulance.
- *Partner with parent/guardian on care given.

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| Printed Name of Custodial Parent/Guardian: _____ |
| Signature: _____ Date: _____ |