

PERSONAL INFORMATION FOR A CHILD

| | |
|-------------------|-------------|
| Child's Full Name | Child's Age |
|-------------------|-------------|

Parents Contact Information

| | | | |
|--------|----------------------|------------------------|----------------------|
| Father | Home Phone () | Office Phone () | Cell Phone () |
|--------|----------------------|------------------------|----------------------|

Address

| | | | |
|--------|----------------------|------------------------|----------------------|
| Mother | Home Phone () | Office Phone () | Cell Phone () |
|--------|----------------------|------------------------|----------------------|

Address

Care Providers

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | | |
|----------------------|------------------------|----------------------|
| Home Phone () | Office Phone () | Cell Phone () |
|----------------------|------------------------|----------------------|

Address

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | | |
|----------------------|------------------------|----------------------|
| Home Phone () | Office Phone () | Cell Phone () |
|----------------------|------------------------|----------------------|

Address

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | | |
|----------------------|------------------------|----------------------|
| Home Phone () | Office Phone () | Cell Phone () |
|----------------------|------------------------|----------------------|

Address

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | | |
|----------------------|------------------------|----------------------|
| Home Phone () | Office Phone () | Cell Phone () |
|----------------------|------------------------|----------------------|

Address

Additional Notes

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| Current Medical Information for a Child | | | |
|---|--------------------------|-------------|-------------------------|
| Child's Name | | Middle Name | |
| Social Insurance Number | Date of Birth | DD MM YYYY | Sex M F |
| Health Card Number | Birth Certificate Number | | |
| MedicAlert File Number | Hospital Patient Number | | |
| Health Care Provider Contacts | | | |
| Pediatrician | Office Phone () | | |
| Allergist | Office Phone () | | |
| Pharmacist | Office Phone () | | |
| Medical Conditions | | | |
| 1. | 2. | 3. | |
| 4. | 5. | 6. | |
| ALLERGIES | | | |
| 1. | 2. | 3. | |
| 4. | 5. | 6. | |
| 7. | 8. | 9. | |
| 10. | 11. | 12. | |
| Current Medication Regimen | | | |
| Medication | Dosage | Frequency | Condition/Special Notes |
| | | | |
| | | | |
| | | | |
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ANAPHYLAXIS

What is Anaphylaxis?

Anaphylaxis is a severe life threatening allergic reaction. Usual triggers are foods, insect stings, medications, or latex. More than one body system is affected. Exercise is a rare trigger.

Symptoms may include:

| | <i>Outside the Body</i> | <i>Inside the Body</i> |
|----------------|--|--|
| Face | Redness, itchy eyes/nose, swelling of eyes, runny nose, sneezing | Swelling of lips and tongue, itchy mouth/tongue |
| Skin | Itching, redness, hives, swelling | |
| Throat | | Itching, tightness, hoarse voice, hacking cough, trouble swallowing, trouble speaking, choking |
| Lungs | | Trouble breathing, shortness of breath, repeating cough, wheezing |
| Stomach | | Vomiting, nausea, stomach pain, diarrhea |
| General | | Dizzy, unsteady, drowsy, sense of doom, feeling faint or fainting |

If you are at risk for Anaphylaxis:

1. Avoid your triggers.
2. Carry an epinephrine auto-injector all the time (Epi-pen or Twinject)
3. Wear a MedicAlert bracelet at all times.

When to give Epinephrine?

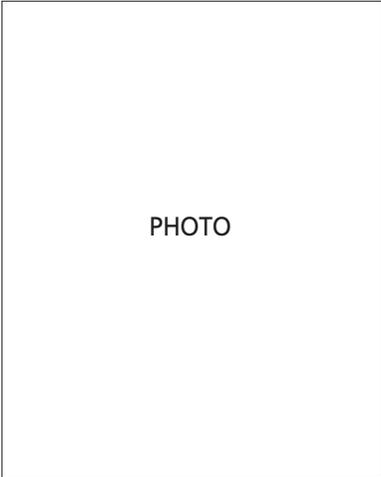
- General symptoms
- Severe outside symptoms
- **Any inside symptoms**
- If in doubt, give epinephrine

What to do:

- Give epinephrine (adrenaline injection immediately).
- Lie person on his/her side.
- Call 911 and tell them someone is having a life-threatening allergic reaction.
- Go to the nearest hospital immediately even if symptoms subside.
- If reaction continues or worsens, give a second dose in 10-15 minutes.

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:** EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Twinject™ 0.15 mg Twinject™ 0.30 mg

Location of Auto-Injector(s): _____

- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens. (See second page for instructions.)
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

Emergency Contact Information

| Name | Relationship | Home Phone | Work Phone | Cell Phone |
|------|--------------|------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature

Date



How to use the EpiPen® Epinephrine Auto-Injector

Comment utiliser l'auto-injecteur d'adrénaline EpiPen®



1.



Grasp unit with black tip pointing downward and pull off grey activator cap.

Tenir l'unité avec le bout noir pointant vers le bas et enlever le bouchon activateur gris.

2.



Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds.

Enfoncer brusquement le bout noir dans la cuisse jusqu'à un « déclic » ET MAINTENIR l'unité dans cette position pendant environ 10 secondes.

3.



Seek medical attention.

Obtenir des soins médicaux.

AVAILABLE THROUGH YOUR PHARMACIST
DISPONIBLE CHEZ VOTRE PHARMACIEN

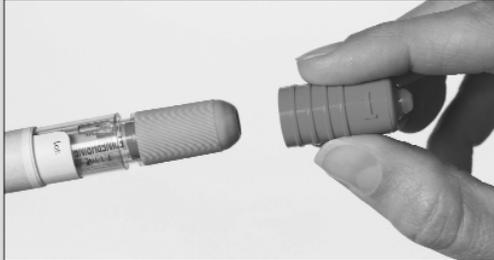


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Tel.: (613) 831-7733 Fax: (613) 831-7738
www.epipen.ca

Twinject: Easy to use, easy to carry your back-up dose.



FIRST DOSE: AUTO-INJECTED



ONE
PULL off GREEN end cap to see a GREY cap.
Never put thumb, finger or hand over the GREY cap.

TWO
PULL off RED end cap.

Numbered caps are for memory purposes only, and order is not important.



INJECT
Place GREY cap against mid-outer thigh. Press down firmly. Hold against thigh while slowly counting to ten. Injects through clothes. Remove auto-injector.

PREPARE FOR SECOND DOSE.

SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

SECOND DOSE, IF NEEDED: MANUAL



Unscrew and remove GREY cap. **Beware of exposed needle.** Holding BLUE hub at needle base, remove syringe from barrel.



Slide collar off plunger. **PAUSE. If symptoms have not improved in about 10 minutes since first dose, inject second dose.**



Insert needle into mid-thigh (at least 5 cm/2 in from first injection site) and push plunger down completely.

SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

Twinject 0.3 mg Auto-Injector (0.3 mL Epinephrine Injection, USP, 1:1000) and Twinject 0.15 mg Auto-Injector (0.15 mL Epinephrine Injection, USP, 1:1000) are indicated for emergency treatment of severe allergic reactions (Type 1) including anaphylaxis to: stinging insects, biting insects, allergen immunotherapy, foods, latex, other allergens, and drugs. (Please see Product Monograph for full indication.) Epinephrine can also be used in the treatment of anaphylaxis of unknown cause, exercise-induced anaphylaxis, or anaphylactoid reactions.

Epinephrine should be used with caution in patients with cardiac arrhythmias, coronary artery or organic heart disease, hypertension, or in patients who are on medications that may sensitize the heart to arrhythmias. In patients with coronary insufficiency or ischemic heart disease, epinephrine may precipitate or aggravate angina pectoris as well as produce potentially fatal ventricular arrhythmias. Epinephrine use should be avoided in patients with organic brain damage. Administer with caution to elderly or hyperthyroid individuals, pregnant women, individuals with cardiovascular disease or diabetes.

Adverse reactions include transient, moderate anxiety; feelings of over stimulation; apprehensiveness; restlessness; tremor; weakness; shakiness; dizziness; sweating; an increase in pulse rate; the sensation of a more forceful heartbeat; palpitations; pallor; nausea and vomiting; headache, and/or respiratory difficulties.

More than 2 sequential doses of epinephrine should only be administered under direct medical supervision.



P0508032E



Printed in Canada

TwinjectTM
auto-injector
(epinephrine Injection USP 1:1000)

Twice the confidence.



How a Child Might Describe a Reaction

Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what a child is telling them.

Some children, especially very young ones, put their hands in their mouths or pull or scratch at their tongues in response to a reaction. Also, children's voices may change (e.g., become hoarse or squeaky), and they may slur their words.

The following are examples of the words a child might use to describe a reaction:

- "This food's too spicy."
- "My tongue is hot [or burning]."
- "It feels like something's poking my tongue."
- "My tongue [or mouth] is tingling [or burning]."
- "My tongue [or mouth] itches."
- "It [my tongue] feels like there is hair on it."
- "My mouth feels funny."
- "There's a frog in my throat."
- "There's something stuck in my throat."
- "My tongue feels full [or heavy]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "It [my throat] feels thick."
- "It feels like a bump is on the back of my tongue [throat]."

If you suspect that your child is having an allergic reaction, follow your doctor's instructions.

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What to do when your child is having an allergic reaction

STEP 1

Check to see if there are any outside symptoms on the body such as hives on the face, chest, and neck area, itchy eyes/nose, sneezing, or a runny nose.

- If **ONLY** outside symptoms are present, give 1 teaspoon Reactine and monitor child closely for the next ten minutes.
- If there are any inside symptoms in addition to the outside symptoms **give epi-pen and call 911.**

Symptoms inside the body may include:

Swelling of face, lips, tongue, or eyelids
Blue lips (sudden drop in blood pressure)
Difficulty breathing/wheezing
Fainting, drowsy, unsteady
Vomiting, stomach pain, diarrhea
Coughing, hoarse voice
Trouble speaking/swallowing

STEP 2

If outside symptoms are not getting any worse, continue to monitor until symptoms disappear.

STEP 3

If outside symptoms are spreading, becoming more intense, or child develops any other symptoms **give epi-pen and call 911.** If the child has no inside symptoms continue to monitor.

STEP 4

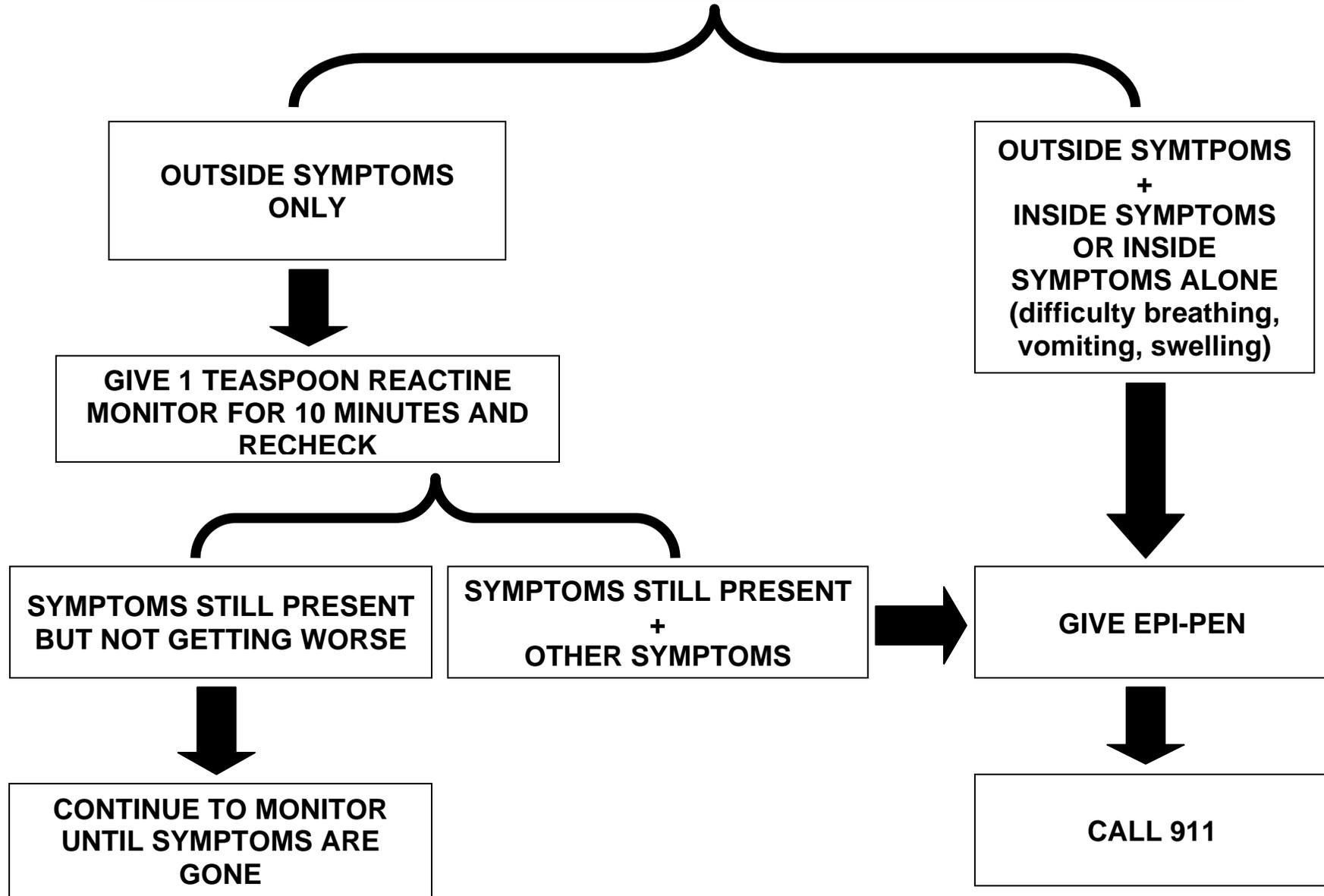
If child starts to cry or complain of pain by touching the affected area, typically the stomach or face, or if child vomits and symptoms are still present, **give epi-pen and call 911.**

STEP 5

Upon administering the epi-pen, child must be taken to the emergency for proper medical evaluation or call 911.

WARNING: Not all children react in the same way. In fact, some children may have a different reaction each time they are exposed to the same allergen. This guide is not meant to replace your physician's advice. Feel free to adjust it so that it is more in line with how your child reacts to the food he/she is allergic to.

ALLERGIC REACTION SYMPTOMS FLOWCHART



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WHAT TO SAY WHEN YOU CALL 911

1. Act as quickly as possible at the first sign of symptoms of a reaction.
2. Give child a shot of epinephrine and a dose of liquid antihistamine (Benadryl or Reactine).
3. Call 911 and say the following:

Hello, this is a medical emergency.

*My name is _____, at (address). I have a (age of child) year old child with severe food allergies who's experiencing an anaphylactic allergic reaction to (type of food). I have already given her a shot of epinephrine and some liquid antihistamine. Please send your people as quickly as possible, and **tell them to bring more epinephrine with them.** The child may require an additional dose of epinephrine.*

4. Stay as calm as possible for the child's sake. If the child has a special toy, doll, or stuffed animal, make sure it's available for comfort.
5. When the paramedics arrive let them know if the child is wearing a MedicAlert bracelet and have all the information that they may require close by, including notes on any other symptoms you may have noticed while they were on their way.

Allergic Reaction Review

CHILD'S NAME _____

CAREPROVIDER'S NAME _____

Date & Time when you first noticed symptoms? _____

What was the first symptom you noticed? _____

What other symptoms, if any, did you notice? _____

What was the child doing when he/she first experienced symptoms? _____

What had the child eaten just prior to experiencing symptoms? _____

Did the child come in contact with any food that may have contained allergens? YES NO

If yes, what food item do you think the child was exposed to? _____

Was epinephrine administered? YES NO

What other medication, if any, did you administer and what was the dosage? _____

Other notes that might be helpful to the physician or allergist? _____

MILK AND MILK DERIVATIVES

Ammonium/calcium/magnesium/potassium/sodium caseinate

Casein/caseinate/rennet casein

Curds

Delactosed/demineralized whey

Dry milk/milk/sour cream/sour milk solids

Hydrolyzed casein, hydrolyzed milk protein

Lactalbumin/lactalbumin phosphate

Lactate/lactose

Lactoferrin

Lactoglobulin

Milk derivative/fat/protein

Modified milk ingredients

Opta™, Simplesse® (fat replacers)

Whey, whey protein concentrate

Possible sources of milk

Artificial butter, butter fat/flavour/oil, ghee, margarine

Baked goods and baking mixes e.g., breads, cakes, doughnuts

Brown sugar, high-protein flour

Buttermilk, cream, dips, salad dressings, sour cream, spreads

Caramel colouring/flavouring

Casein in wax, e.g., fresh fruits and vegetables

Casseroles, frozen prepared foods

Cereals, cookies, crackers

Cheese, cheese curds, cottage/soy cheese

Chocolate

Desserts, e.g., custard, frozen yogurt, ice cream, pudding, sherbet, yogurt

Egg/fat substitutes

Flavoured coffee, coffee whitener, non-dairy creamer

Glazes, nougat

Gravy, sauces

Kefir (milk drink), kumiss (fermented milk drink), malt drink mixes

Meats, e.g., canned tuna, deli/processed meats, hot dogs, pâtés, sausages

Pizza

Potatoes, e.g., instant/mashed/scalloped potatoes, seasoned french fries/potato chips

Seasonings

Snack foods, e.g., candy, fruit bars, granola bars

Soups, soup mixes

Tofu

Wax coated fruits and vegetables

Non-food sources of milk

Cosmetics

Medications

Pet food

Ingredients that do not contain milk protein

Calcium/sodium lactate

Calcium/sodium stearoyl lactylate

Cocoa butter

Cream of tartar

Oleoresin

EGG AND EGG DERIVATIVES

Note: Avoid all food and products that contain egg in the ingredient list, e.g., powdered egg. The terms "ovo" and "albumin" mean the product contains egg.

Albumin/Albumen
Conalbumin
Egg substitutes, e.g., Egg Beaters®
Globulin
Livetin
Lysozyme
Meringue
Ovalbumin
Ovoglobulin
Ovolactohydrolyze proteins
Ovomacroglobulin
Ovomucin, ovomucoid
Ovotransferrin
Ovovitellin
Silico-albuminate
Simplese®
Vitellin

Possible sources of eggs

Alcoholic cocktails/drinks
Baby food
Baked goods and baking mixes, e.g., breads, cakes, cookies, doughnuts, muffins, pancakes, pastries, pretzels
Battered/fried foods
Confectionary, e.g., candy, chocolate
Cream-filled pies, e.g. banana, chocolate, coconut
Creamy dressings, salad dressings, spreads, e.g., mayonnaise, Caesar salad dressing, tartar sauce
Desserts, e.g., custard, dessert mixes, ice cream, meringue, pudding, sorbet
Egg/fat substitutes
Fish mixtures, e.g., surimi (used to make imitation crab/lobster meat)
Foam/milk topping on coffee
Homemade root beer, malt drink mixes
Icing, glazes, e.g., egg wash on baked goods, nougat
Lecithin
Meat mixtures, e.g., hamburger, hot dogs, meatballs, meatloaf, salami, etc.
Orange Julep®, Orange Julius® (orange juice beverages)
Pasta, e.g., egg noodles
Quiche, soufflé
Sauces, e.g., béarnaise, hollandaise, Newburg
Soups, broths, bouillons

Non-food sources of eggs

Anesthetic, e.g., Diprivan® (propofol)
Certain vaccines, e.g., MMR (Measles, Mumps and Rubella)
Craft materials
Hair care products
Medications

PEANUT AND PEANUT DERIVATIVES

Arachide
Arachis oil
Beer nuts
Cacahouète/cacahouette/cacahuète
Goober nuts, goober peas
Ground nuts
Kernels
Mandelonas, Nu-Nuts™
Nut meats
Valencias

Possible sources of peanuts

Almond & hazelnut paste, icing, glazes, marzipan, nougat
Nut substitutes e.g., re flavoured and reformed peanuts that look like other nuts
Baked goods, e.g., cakes, cookies, doughnuts, pastries
Cereals
Chili
Desserts, e.g., frozen desserts, frozen yogurts, ice cream, sundae toppings
Dried salad dressing, soup mix
Ethnic foods (including sauces and soups), e.g., chili, curries, egg rolls, satays, Szechwan sauce, Thai food
Gravy
Hydrolyzed plant protein/vegetable protein (source may be peanut)
Peanut oil
Snack foods, e.g., candy, chocolate, dried fruits, energy/granola bars, mixed nuts, popcorn, potato chips, trail mixes
Vegetarian meat substitutes

Non-food sources of peanuts

Ant baits, bird feed, mouse traps, pet food
Cosmetics, sun screens
Craft materials
Medications, vitamins
Mushroom growing medium
Stuffing in toys

