

SLIT Local Reaction and Systemic Reaction Emergency Plan

Patient name: _____ Age: _____

Allergies: _____

Additional health problems: _____

Concurrent medications: _____

FOR MILD TO MODERATE LOCAL REACTION

MOUTH: bothersome itching, and/or mild swelling of lips and/or tongue

THROAT: bothersome itching, irritation, and/or mild tightness

EAR: bothersome itching

GASTROINTESTINAL: mild abdominal pain, nausea, and/or cramps

ACTION → Use antihistamine: _____ mg or mL

FOR SEVERE LOCAL REACTION*

MOUTH/THROAT: swelling that causes hoarseness and/or throat closing

OR FOR SYSTEMIC REACTION*

SKIN: hives all over body and/or redness all over body

LUNG: shortness of breath, cough, and/or wheezing

HEART: weak pulse, dizziness, and/or passing out

GASTROINTESTINAL: severe abdominal pain, vomiting, diarrhea, and/or cramping

*You may only have a few symptoms. Symptoms can be life-threatening.

ACTION → Inject epinephrine in thigh using (circle one):

Adrenaclick (0.3 mg) Adrenaclick (0.15 mg)

Auvi-Q (0.3 mg) Auvi-Q (0.15 mg)

EpiPen (0.3 mg) EpiPen Jr. (0.15 mg)

- Call 911 (before calling contact)

Emergency contact #1: home _____ work _____ cell _____

Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

Comments _____

Doctor's Signature/Date/Phone Number _____