



LABEL OR PRINT
NAME



CH MRN

EpiPen®/Twinject® Emergency Plan

Allergy/Immunology Program
phone 617-355-6117 | fax 617-730-0310

DOB

GENDER M F

_____ has been prescribed an Epinephrine Auto-injector.

EpiPen® 0.3mg EpiPen Jr® 0.15mg Twinject® 0.3mg Twinject® 0.15mg;
because of an allergy to:

This patient has Asthma. Therefore wheezing/chest tightness during a possible Anaphylaxis reaction should be treated with Epinephrine first.

If accidental exposure occurs, please follow the instructions below:

1. Use the EpiPen®/Twinject® immediately and call 911 for transport to an emergency room. If symptoms continue or return a second dose may be given in 5 to 10 minutes. Antihistamines are not indicated.

2. The following symptoms can progress rapidly to a severe allergic reaction: Hives (covering the body), abdominal pain, vomiting, diarrhea, throat tightening, chest tightness/heaviness, shortness of breath, wheezing, fainting, lethargy
Use the EpiPen®/Twinject® immediately and call 911 for transport to an emergency room. If symptoms continue or return a second dose may be given in 5 to 10 minutes. Anaphylaxis may be hard to recognize. It is recommended to use the EpiPen®/Twinject® if you are unsure.

3. Antihistamines may be used for a few hives, facial swelling, watery eyes or runny nose. Antihistamines SHOULD NOT be used if symptoms include abdominal pain, vomiting, diarrhea, throat tightening, chest tightness/heaviness, shortness of breath, wheezing, fainting, or lethargy.

Benadryl _____ Other antihistamine _____

Observe for 1 hour. **If symptoms worsen...**

Use the EpiPen®/Twinject® immediately and call 911 for transport to an emergency room. The EpiPen®/Twinject® is safe to use with Benadryl

_____ MD _____ RN

Name: _____ DOB _____

Name of Licensed Provider _____ PH # 617.355.6117

Date of Order: _____ Discontinuation Date: _____

Please Administer as Prescribed: _____

Signature of Parent/Guardian

CHILDREN'S HOSPITAL BOSTON, 300 LONGWOOD AVE., BOSTON, MA 02115

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