

ANAPHYLAXIS REPORT 2016

Where did the event take place?	Date of incident	Date of report	Age range of person with allergic reaction	What caused the allergic reaction?	Symptoms of the allergic reaction	Facility or person's own injector used	Was more than one dose required?	Was 911 called?	Did the person go to the ER	What was the outcome?
Undisclosed location	2016	2016	11– 20 years of age	bee sting	Difficulty breathing, swollen lips and throat	Person's	No	No	Yes	No adverse effects noted