

Anaphylaxis

Action Plan

Name Date: Action Plan due for review ____ / ____ / _____	Doctor's Contact Details	Emergency Contact Details Name Phone Relationship Parent
Confirmed Allergens _____ I authorise medications to be given according to the plan Signature: _____		

SIGNS OF MILD TO MODERATE ALLERTIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect Allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy – flick out sting if visible
- Stay with person and call for help
- Locate EpiPen give other medication if appropriate
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling may not always occur before anaphylaxis)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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|--------------------------------|--|
| : Difficult/noisy breathing | : Difficulty talking and/or hoarse voice |
| : Swelling of tongue | : Persistent dizziness or collapse |
| : Swelling/tightness in throat | : Pale and floppy (young children) |
| : Wheeze or persistent cough | |

ACTION FOR ANAPHLAXYS

1. Lay person flat – do NOT allow them to stand or walk
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
2. Give Epi pen
3. Phone ambulance – 000
4. Phone family / emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes
6. Transfer person to hospital for at least 4 hours



If in doubt give epi pen commence CPR at any time if person is unresponsive and not breathing

ALWAYS give Epi Pen FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed Y N

How to give Epi Pen

