# ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_

Date of birth: \_\_\_

For use with adrenaline (epinephrine) autoinjectors

# SIGNS OF MILD TO MODERATE ALLERGIC REACTION

• Swelling of lips, face, eyes

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- 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
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- 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)

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

### ACTION FOR ANAPHYLAXIS

• Wheeze or persistent cough

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 adrenaline autoinjector
- 3 Phone ambulance 000 (AU) or 111 (NZ)
- 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 of observation

#### If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

#### ALWAYS give adrenaline autoinjector FIRST, 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

• If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. · Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission







Confirmed allergens:

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:
Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Action Plan due for review - date:

## How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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Hold leg still and PLACE **ORANGE END against** outer mid-thigh (with or without clothing)



EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 10-20kg

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Signed:

Date: