**Action plan for Anaphylaxis**

**Name:**

**Date of birth:**

**Known severe allergies:**

**Parent/carer name(s)**

**Work Ph:**

**Home Ph:**

**Mobile Ph:**

**Plan prepared by:**

Dr.

Signed

Date

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**Mild to Moderate Allergic Reaction**

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

**Action**

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer

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**Watch for signs of Anaphylaxis**

**Anaphylaxis (Severe Allergic Reaction)**

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

**Action**

1. **Give EpiPen® or EpiPen® Jr**
2. **Call ambulance. Telephone 000**
3. **Contact parent/carer**

**If in doubt, give EpiPen® or EpiPen® Jr**

Additional Instructions

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