# 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

**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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