



# Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma: Yes  (high risk for severe reaction)  No

Additional health problems besides anaphylaxis : \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

### Symptoms of Anaphylaxis

<b>MOUTH</b>	<b>itching, swelling of lips and/or tongue</b>
<b>THROAT*</b>	<b>itching, tightness/closure, hoarseness</b>
<b>SKIN</b>	<b>itching, hives, redness, swelling</b>
<b>GUT</b>	<b>vomiting, diarrhea, cramps</b>
<b>LUNG*</b>	<b>shortness of breath</b>
<b>HEART*</b>	<b>weak pulse, dizziness, passing out</b>

*Only a few symptoms may present. Severity of symptoms can change quickly.*

*\*Some symptoms can be life-threatening. ACT FAST!*

## Emergency Action Steps—DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine into the thigh using (Circle one):
- |  |                      |
|--|----------------------|
| Adrenaclick (0.15 mg)  | Adrenaclick (0.3 mg) |
| EpiPen Jr. (0.15mg)  | EphPen (0.3 mg)      |
| Epinephrine Injection, USP Auto-injector-authorized generic<br>(0.15 mg) | (0.3 mg)             |
| Other (0.15 mg)  | Other (0.3 mg)       |

Specify others: \_\_\_\_\_

### IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS

2. Call 911 or rescue squad (before calling contact)
3. Emergency contact #1: \_\_\_\_\_ Address \_\_\_\_\_ cell \_\_\_\_\_
- Emergency contact #2: \_\_\_\_\_ Address \_\_\_\_\_ cell \_\_\_\_\_
- Emergency Contact #3: \_\_\_\_\_ Address \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_

Doctor's Signature/Date/Phone Number

Parent's Signature (for individuals under age 18 yrs )/Date