

# ANAPHYLAXIS EMERGENCY ACTION PLAN

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthma  Yes (*high risk for severe reaction*)  No

Other health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications, if any: \_\_\_\_\_

## SYMPTOMS OF ANAPHYLAXIS INCLUDE:

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

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

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

## WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING (check one):  EpiPen Jr (0.15 mg)  Twinject 0.15 mg  
 EpiPen (0.3 mg)  Twinject 0.3 mg

Other medication/dose/route: \_\_\_\_\_

**IMPORTANT: ASTHMA PUFFERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS!**

2. CALL 911 or RESCUE SQUAD (BEFORE CALLING CONTACTS)!

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**DO NOT HESITATE TO GIVE EPINEPHRINE!**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature/Date

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