# ACTION PLAN FOR Anaphylaxis

for use with EpiPen<sup>®</sup> or EpiPen<sup>®</sup> Jr adrenaline autoinjectors Name: Date of birth: MILD TO MODERATE ALLERGIC REACTION • swelling of lips, face, eyes hives or welts tingling mouth Photo • abdominal pain, vomiting (these are signs of a severe allergic reaction to insects) ACTION For insect allergy, flick out sting if visible. Do not remove ticks Confirmed allergens:

www.allergy.org.au

Family/emergency contact name(s):

Stay with person and call for help

- Give medications (if prescribed) ...... dose: .....
- Locate EpiPen<sup>®</sup> or EpiPen<sup>®</sup> Jr
- Contact family/emergency contact

## Watch for <u>any one</u> of the following signs of Anaphylaxis

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

### ACTION

- **1** Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- **2** Give EpiPen<sup>®</sup> or EpiPen<sup>®</sup> Jr
- **3** Phone ambulance 000 (AU), **111** (NZ), **112** (mobile)
- **4** Contact family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

### If in doubt, give $EpiPen^{\mathbb{R}}$ or $EpiPen^{\mathbb{R}}$ Jr

EpiPen<sup>®</sup> Jr is generally prescribed for children aged 1-5 years. \*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

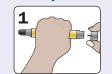
### Additional information

Form fist around EpiPen<sup>®</sup> and PULL OFF GREY SAFETY CAP.



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.





or EpiPen® Jr

How to give EpiPen®

Work Ph:

Home Ph:

Mobile Ph:

Dr

Signed

Date

Plan prepared by:



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### PLACE BLACK END against outer mid-thigh (with or without clothing).



plan was developed

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2011.

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