



Sample Anaphylaxis Emergency Action Plan

Adapted from JACI Publication

NAME: _____ **AGE:** _____

ALLERGY TO: _____

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

Other health problems besides anaphylaxis: _____

Current medications, if any: _____

Wear medical identification jewelry that identifies the anaphylaxis potential and the food allergen triggers.

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):

- | | | |
|--|---|--|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Auvi-Q (0.15 mg) | <input type="checkbox"/> EpiPen Jr (0.15 mg) |
| <input type="checkbox"/> Adrenaclick (0.30 mg) | <input type="checkbox"/> Auvi-Q (0.30 mg) | <input type="checkbox"/> EpiPen (0.30 mg) |

**Note: Patients should be allowed to self-carry and self-administer epinephrine; medications shown in alpha order; make sure a doctor has provided a prescription for the right medication for this patient, that it is current/not expired; and always keep this medication within reach of the patient.*

Other medication/dose/route: _____

IMPORTANT: Asthma inhalers and/or antihistamines can't be depended on in anaphylaxis!

2. CALL 9-1-1 or RESCUE SQUAD (before calling contacts)!

3. EMERGENCY CONTACTS

- #1: home _____ work _____ cell _____
- #2: home _____ work _____ cell _____
- #3: home _____ work _____ cell _____

DO NOT HESITATE TO GIVE EPINEPHRINE!

COMMENTS:

Doctor's Signature/Date

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

† Adapted from J Allergy Clin Immunol 1998;102:173-176 and J Allergy Clin Immunol 2006;117:367-377.