Sample Anaphylaxis Emergency Action Plan
(Adapted From JACI Publications†)

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):

☐ EpiPen Jr (0.15 mg) ☐ Adrenaclick 0.15 mg
☐ EpiPen (0.3 mg) ☐ Adrenaclick 0.30 mg

Note: Patients should be allowed to self-carry and self-administer epinephrine.

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