

ACTION PLAN FOR ALLERGIES

Name: _____

Date of birth: _____

Known Allergies (including common food, plants, insect bites, medication):

Insert picture here

What are the symptoms:

Does your son have asthma?

Yes No

Historically, has your son suffered from the following reaction to the allergy:

A localised reaction (rash, itching, swelling at the site the poison/irritant enters)?

Yes No

A systemic reaction (rash, itching, swelling away from the site the poison/irritant enters)?

Yes No

An anaphylactic reaction (severe breathing problem, total body swell, emergency situation)?

Yes No

What medication do you take (if any) for your son's allergic reaction?

What treatment is followed during an allergic reaction?

Key Questions

Is there a history of anaphylaxis in your family?

Yes

No

Have you been admitted to hospital due to an allergic reaction?

Yes

No

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

DECLARATION

I declare that the information which I have provided on this form is complete and correct and that I will notify the staff if any changes occur. For severe allergies, an action plan for anaphylaxis has been or will be completed by a doctor and handed to staff. I have completed the sections above and I have completed a general parental consent form.

**Name of Parent
completing form:**

**Signature of Parent
completing form:**

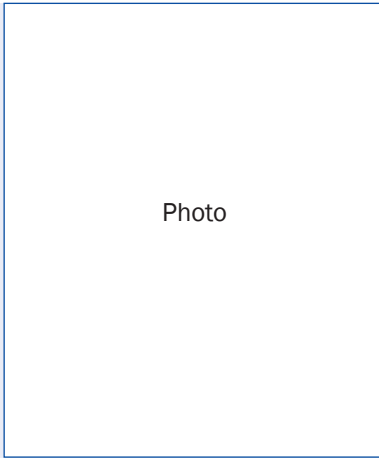
Date: _____

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

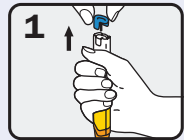
Plan prepared by:

Dr: _____

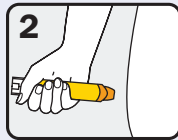
Signed: _____

Date: _____

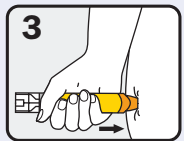
How to give EpiPen®



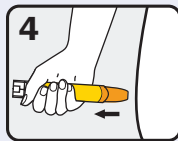
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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



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



REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at www.allergy.org.au/health-professionals/anaphylaxis-resources

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MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- 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.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one 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 allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone 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 adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® 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 _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.