



Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____

Allergies: _____

Asthma: Yes (high risk for severe reaction) No

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

Symptoms of Anaphylaxis

- | | | | |
|------------------|---|----------------|------------------------------------|
| ▪ Mouth | itching, swelling of lips and/or tongue | ▪ Gut | vomiting, diarrhea, cramps |
| ▪ Throat* | itching, tightness/closure, hoarseness | ▪ Lung | shortness of breath, cough, wheeze |
| ▪ Skin | itching, hives, redness, swelling | ▪ 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!

EMERGENCY ACTION STEPS – DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Location of epinephrine auto-injector(s) 1. _____ 2. _____

2. Inject epinephrine in thigh using (check one):
- | | |
|---|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr. (0.15 mg) | <input type="checkbox"/> EpiPen Jr. (0.3 mg) |
| Epinephrine Injection, USP Auto-Injector (authorized generic) | |
| <input type="checkbox"/> (0.15 mg) | <input type="checkbox"/> (0.3 mg) |
| <input type="checkbox"/> Other (0.15 mg) | <input type="checkbox"/> Other (0.3 mg) |

Specify Other(s): _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

3. Call 911 or Rescue Squad (before calling Emergency Contacts listed below).

4. Emergency Contact #1: (____)____-____ (____)____-____ (____)____-____

Emergency Contact #2: (____)____-____ (____)____-____ (____)____-____

Emergency Contact #3: (____)____-____ (____)____-____ (____)____-____

Comments: _____

_____/_____/____ (____)____-____
Doctor's Signature/Date/Phone Number

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