

Anaphylaxis Emergency Action Plan

Patient Name: Age:

Allergies:

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

Additional health problems besides anaphylaxis:

Concurrent medication:

Symptoms of Anaphylaxis

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!***

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one): Adrenaclick (1.5 mg) Adrenaclick (0.3 mg)
 EpiPen Jr (0.15 mg) EpiPen Jr (0.3 mg)

Epinephrine Injection, USP Auto-injector - authorized generic

- 0.15 mg 0.3 mg
 Other 0.15 mg Other 0.3 mg

Specify Others:

[Redacted area]

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

2. Call 911 or emergency medical services (before calling contact)

3. Emergency contact #1 home

[Redacted]

work

[Redacted]

cell

[Redacted]

Emergency contact #2 home

work

cell

Emergency contact #3 home

work

cell

Comments:

[Redacted area]

[Redacted signature line]

Doctor's Signature

[Redacted date box]

Date

[Redacted office number box]

Office Number

[Redacted signature line]

Parent's Signature for individuals under age 18

[Redacted date box]

Date

[Redacted signature line]

Nurse's Signature

[Redacted date box]

Date