



# 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
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 (0.15 mg)  Adrenaclick (0.3 mg)
- Auvi-Q (0.15 mg)  Auvi-Q (0.3 mg)
- EpiPen Jr (0.15 mg)  EpiPen (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: \_\_\_\_\_  
**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature/Date/Phone Number

Parent's Signature (for individuals under age 18 yrs) \_\_\_\_\_ Date \_\_\_\_\_ 4/2017