



# Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (high risk for severe reaction)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

	<b>Symptoms of Anaphylaxis</b>
<b>MOUTH</b>	itching, swelling of lips and/or tongue
<b>THROAT*</b>	itching, tightness/closure, hoarseness
<b>SKIN</b>	itching, hives, redness, swelling
<b>GUT</b>	vomiting, diarrhea, cramps
<b>LUNG*</b>	shortness of breath, cough, wheeze
<b>HEART*</b>	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):
- |  |   |
|--|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg)               | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg)                    | <input type="checkbox"/> Auvi-Q (0.3 mg)      |
| <input type="checkbox"/> EpiPen Jr (0.15 mg)                 | <input type="checkbox"/> EpiPen (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 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 \_\_\_\_\_