

# ACTION PLAN FOR

Anaphylaxis

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

# Name: Date of birth: Photo

Allergens to be avoided:	

Family/carer name(s):	

Work Ph:		

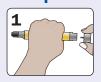
Home Ph:		
Mobile Ph		

Plan prepared by:
i lali prepared by.

Dr			

Signed		

### How to give EpiPen® or EpiPen® Jr



Date

Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



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



PLACE BLACK

END against outer

mid-thigh (with or

without clothing).

by ASCIA

plan was developed

REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

#### MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

#### ACTION

- stay with person and call for help
- give medications (if prescribed) ......
- locate EpiPen® or EpiPen® Jr
- contact family/carer



# 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
- loss of consciousness and/or collapse
- pale and floppy (young children)

#### ACTION

- 1 Give EpiPen® or EpiPen® Jr
- 2 Call ambulance\*- telephone 000 (Aus) or 111 (NZ)
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
- 4 Contact family/carer
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

## If in doubt, give EpiPen® or EpiPen® Jr

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