

Anaphylaxis Emergency Action Plan

Patient Name _____

Date of Birth _____

Concurrent medications _____

Allergies _____

Health problems besides anaphylaxis _____

Asthma? Yes (high risk of severe reaction)
 No

Emergency Contacts

Name _____

Home Phone _____

Cell / Work Phone _____

Name _____

Home Phone _____

Cell / Work Phone _____

Name _____

Home Phone _____

Cell / Work Phone _____

Office Information

Doctor Signature/Date _____

Doctor Phone _____

Patient/Guardian Signature _____

Date _____

Mild to Moderate Symptoms

- Swelling of lips, face, eyes
- Hives or welts
- Abdominal pain, vomiting

Take Action

- Stay with child and call for help
- Give medications (if prescribed)
- Locate epinephrine auto-injector
- Contact parent/carer

Watch for Anaphylaxis



Anaphylaxis (Severe Reaction)

- Difficulty/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)

Take Action

- Give epinephrine auto-injector
- Call ambulance: **911**
- Contact parent/carer