

ANAPHYLAXIS ACTION PLAN

MY NAME IS:

Paste Photo Here



Emergency Contact:
 Relation to Patient:
 Work:
 Home:
 Cell:

Ambulances: Municipal 10177
 ER24 084 124
 Netcare 911 082 911

I am allergic to:

 My medic alert number is:

Plan prepared by:

 Signed: Date:
 Hospital / Clinic: Tel:

MILD REACTION

SKIN: itch, redness, hives ("bommels"), swelling
OR
STOMACH: pain, vomiting, diarrhoea.

SEVERE REACTION: any one of

CHEST
 Difficulty breathing, cough, wheeze
 Noisy breathing, voice changes, choking

Both skin AND stomach signs = a SEVERE reaction

 In insect venom allergy, stomach signs are a SEVERE reaction

TOTAL BODY
 Change of colour
 Floppy, sleepy, sense of impending doom
 Loss of consciousness

GIVE ANTIHISTAMINE
 DOSE.....
 If asthmatic give reliever pump 6-10 puffs via spacer
 Locate adrenaline in case of progression
 Look closely for signs of severe reaction
 Contact family / emergency contact
 Consult your doctor as soon as possible

GIVE EPIPEN IMMEDIATELY (PTO for instructions)
AND ANTIHISTAMINE
 If asthmatic give reliever pump 6-10 puffs via spacer
CALL AMBULANCE AND SAY "ANAPHYLAXIS"
 Get to closest doctor/clinic/hospital immediately
 If no improvement in 5 minutes give a second dose of adrenaline

This treatment plan has been recommended by my child's allergy doctor and explained to the patient/parent. Adrenaline given in the appropriate dose is safe. I give permission for nominated caregivers, teachers and laypersons to administer adrenaline to myself / my child and absolve them against wrongdoing should they do so in the case of a suspected anaphylactic reaction.

 (Patient / Parent /Guardian Name and Signature)

 (DATE)