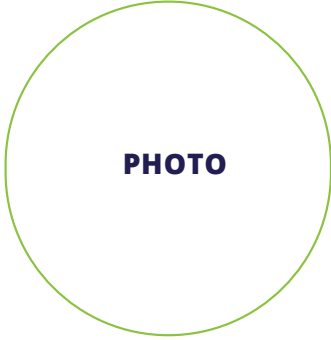




NAME:

DATE OF BIRTH: DD/MM/YYYY



CONFIRMED ALLERGENS:

FAMILY EMERGENCY CONTACT:

1 NAME:

PHONE (M):

2 NAME:

PHONE (M):

Plan prepared by:

This treatment plan has been recommended by my/my child's doctor and explained to the patient. While this plan does not expire, review is recommended by: DD/MM/YYYY

SIGNED:

DATE: DD/MM/YYYY

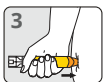
HOW TO GIVE EPIPEN®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against out mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:

- EpiPen® Jr (150mcg) for children 7.5-25kg
- EpiPen®(300mcg) for children over 25kg and adults

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 suspected anaphylactic reaction.

SIGNED:

SIGNS OF MILD TO MODERATE ALLERGIC REACTION



SWELLING OF LIPS, FACE OR EYES



ABDOMINAL PAIN, VOMITING



HIVES OR WELTS



TINGLING MOUTH

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- 1 Stay with the person, call for help and locate adrenaline autoinjector
- 2 Give antihistamine (if prescribed) _____
- 3 Phone family/emergency contact

MILD TO MODERATE ALLERGIC REACTIONS (SUCH AS HIVES OR SWELLING) MAY NOT ALWAYS OCCUR BEFORE ANAPHYLAXIS

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

DIFFICULT OR NOISY BREATHING
SWELLING OF TONGUE
SWELLING OR TIGHTNESS IN THROAT
WHEEZE OR PERSISTENT COUGH

DIFFICULTY TALKING OR HOARSE VOICE
PERSISTENT DIZZINESS OR COLLAPSE
PALE AND FLOPPY (YOUNG CHILDREN)

ACTION PLAN FOR ANAPHYLAXIS

- 1 **LAY PERSON FLAT - do not allow them to stand or walk**

If unconscious or pregnant, place in recovery position - on left side as shown here:



If breathing is difficult allow them to sit with legs outstretched Hold young children flat, not upright



- 2 **GIVE ADRENALINE AUTOINJECTOR**

- 3 **CALL AMBULANCE: Municipal: 10177, ER24: 084124, Netcare 911: 082911**

- 4 **PHONE FAMILY/EMERGENCY CONTACT**

- 5 Further adrenaline may be given if no response after 5 minutes

- 6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

ASTHMA RELIEVER MEDICATION _____