

# Anaphylaxis

ACTION PLAN FOR

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

### Name: \_ Date of birth: Photo

## Confirmed allergens: Family/emergency contact name(s):

Work Ph: Home Ph:

Mobile Ph:

Plan 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

seconds.

3



PLACE BLACK

END against outer

mid-thigh (with or

by ASCIA

plan was developed

REMOVE EpiPen® and DO NOT touch needle. or felt and hold Massage in place for 10 injection site for 10 seconds.

#### MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- · abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

#### ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed) ......
- Locate EpiPen<sup>®</sup> or EpiPen<sup>®</sup> Jr
- Contact family/emergency contact



#### 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
- persistent dizziness or collapse
- pale and floppy (young children)

#### ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- 2 Give EpiPen<sup>®</sup> or EpiPen<sup>®</sup> Jr
- **3** Phone ambulance 000 (AU), **111** (NZ), **112** (mobile)
- 4 Contact family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen<sup>®</sup> or EpiPen<sup>®</sup> 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