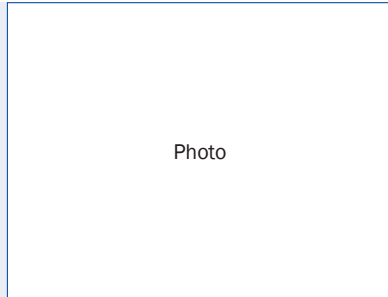


# Action Plan for Anaphylaxis - When using an EpiPen

## ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family/emergency contact name(s):

\_\_\_\_\_

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

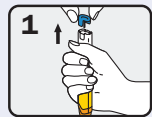
Plan prepared by:

Dr \_\_\_\_\_

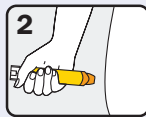
Signed \_\_\_\_\_

Date: \_\_\_\_\_

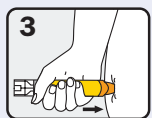
### How to give EpiPen® or EpiPen® Jr



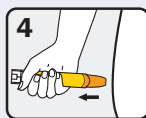
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



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



REMOVE EpiPen®. Massage injection site for 10 seconds.

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for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors  
(with **blue safety release** and **orange needle end**)

### 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) .....
- Dose: .....
- Locate EpiPen® or EpiPen® 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® or EpiPen® 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® 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

\_\_\_\_\_

\_\_\_\_\_

# Action Plan for Anaphylaxis - When using an Anapen

ascia

australasian society of clinical immunology and allergy inc.

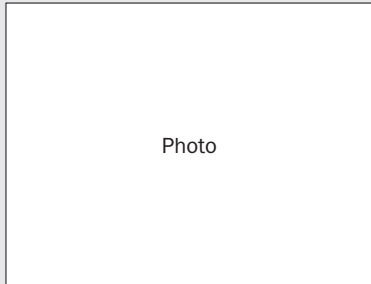
www.allergy.org.au

## ACTION PLAN FOR Anaphylaxis

for use with Anapen<sup>®</sup> or Anapen<sup>®</sup> 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 \_\_\_\_\_

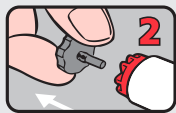
Signed \_\_\_\_\_

Date \_\_\_\_\_

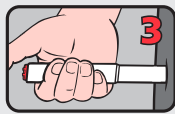
### How to give Anapen<sup>®</sup> or Anapen<sup>®</sup> Jr



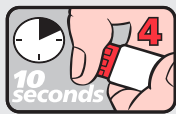
**1**  
PULL OFF BLACK  
NEEDLE SHIELD.



**2**  
PULL OFF GREY SAFETY  
CAP from red button.



**3**  
PLACE NEEDLE END  
FIRMLY against outer  
mid-thigh at 90° angle  
(with or without  
clothing).



**4**  
**10 seconds**  
PRESS RED BUTTON  
so it clicks and hold  
for 10 seconds.  
REMOVE Anapen<sup>®</sup> and  
DO NOT touch needle.  
Massage injection site  
for 10 seconds.

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### MILD TO MODERATE ALLERGIC REACTION

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- tingling mouth
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- Stay with person and call for help
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dose: .....
- Locate Anapen<sup>®</sup> or Anapen<sup>®</sup> Jr
- Contact family/emergency contact



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Anapen<sup>®</sup> 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 \_\_\_\_\_

# Action Plan for Allergic Reactions

ascia

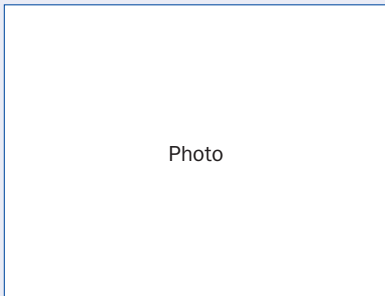
australasian society of clinical immunology and allergy inc.

www.allergy.org.au

## ACTION PLAN FOR Allergic Reactions

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family/emergency contact name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Note:** The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens. For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

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Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

