www.allergy.org.au

Name: _

Date of birth:

Confirmed allergens:

ACTION PLAN FOR **Allergic Reactions**

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- 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/noisy breathing

• Wheeze or persistent cough

- Swelling of tongue
- hoarse voice Swelling/tightness in throat
 - Persistent dizziness or collapse

Difficulty talking and/or

Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat do NOT allow them to stand or walk
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give adrenaline (epinephrine) autoinjector if available
- 3 Phone ambulance 000 (AU) or 111 (NZ)
- **4** Phone family/emergency contact
- **5** 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 if available, 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 prescribed: Y N

 If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. • Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

Photo

Family/emergency contact name(s):

Work Ph:	
Home Ph:	
Mobile Ph:	

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- · Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below. Date: _

Signed:

Date:

Note: This 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 red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.







