

## **Anaphylaxis Emergency Action Plan**

Patient Name:			Age:	
Allergies:				
Asthma Yes (high risk for set	vere reaction)	☐ No		
Additional health problems besid	les anaphylaxi	s:		
Concurrent medications:				
MOUTU		toms of Anaphylaxis		
MOUTH THROAT*		itching, swelling of lips and/or tongue itching, tightness/closure, hoarseness itching, hives, redness, swelling		
SKIN	itching, h			
GUT LUNG*		, diarrhea, cramps s of breath, cough, wheeze		
HEART*		se, dizziness, passing out		
		sent. Severity of symptoms of an be life-threatening. ACT F		
<b>Emergency Action Steps</b> -	- DO NOT HES	ITATE TO GIVE EPINEPHRIN	IE!	
. Inject epinephrine in thigh using			Adrenaclick (0.3 mg)	
		☐ Auvi-Q (0.15 mg)	☐ Auvi-Q (0.3 mg)	
		EpiPen Jr (0.15 mg)	☐ EpiPen (0.3 mg)	
		Epinephrine Injection, USF ☐ (0.15 mg)	Auto-injector- authorized generi	
		Other (0.15 mg)	Other (0.3 mg)	
Specify others:				
IMPORTANT: ASTHMA INHALER	S AND/OR AN	TIHISTAMINES CAN'T BE DE	PENDED ON IN ANAPHYLAXIS.	
2. Call 911 or rescue squad (befo	ore calling cont	act)		
3. Emergency contact #1: home_		work	cell	
Emergency contact #2: home_		work	cell	
Emergency contact #3: home_		work	cell	
Comments:				
Doctor's Signature/Date/Phone Nu				
Journal & Signature/Date/Priorie Nu	IIIDEI			
Parent's Signature (for individuals	under age 18 v	yrs)/Date		

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