Anaphylaxis Emergency Action Plan

Patient Name:			Age:
Allergies:			
Asthma Yes (high risk for se	vere reaction)	☐ No	
Additional health problems besi	des anaphylaxi	s:	
Concurrent medications:			
MOUTH THROAT* SKIN GUT LUNG* HEART*	itching, s itching, ti itching, h vomiting, shortness	coms of Anaphylaxis swelling of lips and/or tongue ightness/closure, hoarsenes nives, redness, swelling diarrhea, cramps s of breath, cough, wheeze se, dizziness, passing out	
		sent. Severity of symptoms of an be life-threatening. ACT I	
Emergency Action Steps . Inject epinephrine in thigh using			IE! 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)	P Auto-injector- authorized generi
		Other (0.15 mg)	Other (0.3 mg)
Specify others:			
IMPORTANT: ASTHMA INHALER	RS AND/OR AN	TIHISTAMINES CAN'T BE DE	EPENDED ON IN ANAPHYLAXIS.
2. Call 911 or rescue squad (before	ore calling cont	tact)	
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 Nເ	ımber		
Parent's Signature (for individuals	under age 18 v	vrs)/Date	

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