

ANAPHYLAXIS ACTION PLAN



allergy foundation south africa

<http://www.allergyfoundation.co.za>

MY NAME IS:

Paste
Photo
Here



allergy foundation south africa

Emergency Contact:
Relation to Patient:
Work:
Home:
Cell:

Ambulances: Municipal 10177
ER24 084 124
Netcare 911 082 911

I am allergic to:

My medic alert number is:

Plan prepared by:

Signed: Date:
Hospital / Clinic: Tel:

MILD REACTION

SKIN: itch, redness, hives ("bommels"), swelling
OR
STOMACH: pain, vomiting, diarrhoea.

SEVERE REACTION: any one of

CHEST
Difficulty breathing, cough, wheeze
Noisy breathing, voice changes, choking

Both skin AND stomach signs = a SEVERE reaction

In insect venom allergy, stomach signs
are a SEVERE reaction

TOTAL BODY
Change of colour
Floppy, sleepy, sense of impending doom
Loss of consciousness

GIVE ANTIHISTAMINE

DOSE.....

If asthmatic give reliever pump 6-10 puffs via spacer

Locate adrenaline in case of progression

Look closely for signs of severe reaction

Contact family / emergency contact

Consult your doctor as soon as possible

GIVE EPIPEN IMMEDIATELY (PTO for instructions)

AND ANTIHISTAMINE

If asthmatic give reliever pump 6-10 puffs via spacer

CALL AMBULANCE AND SAY "ANAPHYLAXIS"

Get to closest doctor/clinic/hospital immediately

If no improvement in 5 minutes give a second dose of
adrenaline

This treatment plan has been recommended by my child's allergy doctor and explained to the patient/parent. Adrenaline given in the appropriate dose is safe. I give permission for nominated caregivers, teachers and laypersons to administer adrenaline to myself / my child and absolve them against wrongdoing should they do so in the case of a suspected anaphylactic reaction.

(Patient / Parent / Guardian Name and Signature)

(DATE)