

# ACTION PLAN FOR Allergic Reactions



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

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

Photo

Allergens to be avoided:

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

Family/carer name(s):

\_\_\_\_\_

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

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

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

Plan prepared by:

Dr \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

### ACTION

- stay with person and call for help
- give medications (if prescribed) .....
- contact family/carer



**watch for any signs of Anaphylaxis**

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

### ACTION

- 1 Call Ambulance if there are any signs of anaphylaxis - telephone 000 (Aus) or 111 (NZ)**
- 2 Lay person flat and elevate legs (or sitting if breathing is difficult) - do not stand**
- 3 Contact family/carer**

Additional information

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\_\_\_\_\_  
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