

Allergy Action Plan

ALLERGY ACTION PLAN

Full Name: _____ Age: _____

Date of Action Plan: _____ dd / mm / yyyy Date of Birth: _____ dd / mm / yyyy

Weight (lbs): _____ Height: _____

Allergic to: _____

Common allergens

Individual has asthma (If yes, higher risk of severe reaction)

☐ Yes ☐ No

Individual has had anaphylaxis

☐ Yes ☐ No

Individual may carry medicine

☐ Yes ☐ No

Individual may administer medicine

☐ Yes ☐ No

Individual has extreme allergy, give epinephrine

☐ Yes ☐ No

Notes

Anaphylaxis is a severe, potentially life-threatening allergic reaction. If you believe an individual is having an anaphylactic reaction, administer epinephrine.

If the individual is a child or individual who refuses or is unable to self-treat, an adult must administer medicine.

REACTION INDICATORS

If you or an individual experience the following, it is crucial to seek medical attention as soon as possible.

Mild Allergic Reaction: Itchy skin, Hives (red bumps) on the body, Itchy or watery eyes, Redness or change in skin tone, Sneezing, Stuffy or runny nose

Severe Allergic Reaction (Anaphylaxis): Mouth or tongue swelling, Difficulty swallowing or speaking, Difficulty breathing, Chest pain, Nausea or vomiting, Diarrhea, Dizziness, Fainting

TAKE ACTION

If you or someone you are with is experiencing a severe allergic reaction or anaphylaxis: Call emergency services immediately, See if the individual has an epinephrine auto-injector or EpiPen, If required, help them inject it by locating the outer thigh, Hold the auto-injector at a right angle over the outer thigh, Push down the tip until you feel or hear it click, Hold the injector there for 3 seconds, Help the person lie on their back, Elevate their feet by 12 inches or 30 cm, Cover them with a blanket, Keep the person calm until emergency services arrive

Call emergency services immediately on: _____

If the individual is vomiting or bleeding: Lie them on their side in the recovery position, and tilt their chin to clear airways. Make sure their clothing is loose so they can breath

Avoid: Elevating the head with a pillow - This can block airways and make them choke. Giving them anything to drink or administering any oral medications or food

If the individual is not breathing, coughing, or moving, you may have to perform CPR.

For Mild or Moderate Reactions: Keep the person calm, See if they have any medication and help them if needed, If they develop a rash, apply a damp towel or cool compress, Seek medical attention

Contacting emergency services on: _____ Or contact the individual's healthcare provider on: _____

EMERGENCY PLAN INFORMATION

Full Name: _____ Date of Action Plan: _____ dd / mm / yyyy

Additional Instructions and Information

EMERGENCY CONTACTS

Emergency Services Contact: _____ Doctor Contact: _____

Parent/Guardian/Significant Other Contact: _____ Other Emergency Contact Name: _____

Other Emergency Contact Relationship: _____ Other Emergency Contact Details: _____