

Allergy Action Plan

Full Name: _____ Age: _____

Date of Action Plan: _____ Date of Birth: _____

Weight: _____ lbs Height: _____

Allergic to: _____

Common allergens:

Please indicate the following using a '✓':

	Yes	No
Individual has asthma (If yes , higher risk of severe reaction)	<input type="checkbox"/>	<input type="checkbox"/>
Individual has had anaphylaxis*	<input type="checkbox"/>	<input type="checkbox"/>
Individual may carry medicine	<input type="checkbox"/>	<input type="checkbox"/>
Individual may administer medicine**	<input type="checkbox"/>	<input type="checkbox"/>
Individual has extreme allergy, give epinephrine :	<input type="checkbox"/>	<input type="checkbox"/>

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	Severe Allergic Reaction (Anaphylaxis)
<ul style="list-style-type: none"> • Itchy skin • Hives (red bumps) on the body • Itchy or watery eyes • Redness or change in skin tone • Sneezing • Stuffy or runny nose • _____ • _____ • _____ 	<ul style="list-style-type: none"> • Mouth or tongue swelling • Difficulty swallowing or speaking • Difficulty breathing • Wheezing • Stomach pain • Nausea or vomiting • Diarrhea • Dizziness • Fainting • _____ • _____ • _____

Take Action

If you or someone you are with is experiencing a **severe allergic reaction** or **anaphylaxis**:

1. Call emergency services immediately on: _____
2. See if the individual has an **epinephrine auto-injector** or **EpiPen**
3. If required, help them inject it by reading instructions on the outside of the tube or by:
4. Locating the **outer thigh**
5. Hold the auto-injector at a right angle over the outer thigh
6. Push down the tip until you feel or hear it **click**
7. Hold the injector there for **3 seconds**
8. Help the person lie on their back
9. Elevate their feet by 12 inches, or 30 cm
10. Cover them with a blanket
11. Keep the person calm until emergency services arrive

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.**

Babies	Children	Adults
<p>Begin with 30 chest pushes:</p> <ol style="list-style-type: none"> 1. Support the baby on a flat surface, your lap or arm 2. Place two fingers in the middle of their chest 3. Quickly push down 30 times with firm pressure <p>Breath into the baby twice:</p> <ol style="list-style-type: none"> 1. Keep the head neutral 2. Place your lips around their mouth and nose 3. Puff air into the baby until their chest rises 4. Remove mouth, take a breath and repeat <p>Continue this cycle until an ambulance arrives</p>	<p>Begin with 30 chest pushes:</p> <ol style="list-style-type: none"> 1. Place them on their back 2. Put one hand on the middle of their chest 3. Lean over the child with straight arms 4. Quickly push down 30 times with firm pressure <p>Breath into the individual twice:</p> <ol style="list-style-type: none"> 1. Tilt the chin back 2. Take a deep breath 3. Place your lips around their mouth 4. Pinch their nose 5. Blow into the mouth until their chest rises 6. Remove mouth, take a breath, and repeat <p>Continue this cycle until an ambulance arrives</p>	<p>Begin with 30 chest pushes:</p> <ol style="list-style-type: none"> 1. Place them on their back 2. Put one hand on the middle of their chest 3. Place your other hand on top 4. Lean over the individual with straight arms 5. Quickly push down 30 times with firm pressure <p>Breath into the individual twice:</p> <ol style="list-style-type: none"> 1. Tilt the chin back 2. Take a deep breath 3. Place your lips around their mouth 4. Pinch their nose 5. Blow into the mouth until their chest rises 6. Remove mouth, take a breath, and repeat <p>Continue this cycle until an ambulance arrives</p>

For Mild or Moderate Reactions

1. Keep the person calm
2. See if they have any medication and help them if needed
3. If they develop a rash, apply a damp towel or cool compress
4. Seek medical attention by either:

Contacting emergency services on: _____

Or contact the individual’s healthcare provider on: _____

Emergency Plan Information

Full Name:_____

Date of Action Plan:_____

Additional Instructions and Information:

Emergency Contacts

Name	Contact Details
Emergency Services	
Doctor	
Parent/Guardian/Significant Other	

Other Emergency Contacts

Name	Relationship	Contact Details