



Sample Anaphylaxis Emergency Action Plan

NAME: _____ AGE: _____

ALLERGY TO: _____

Asthma: ☐ Yes (high risk for severe reaction) ☐ No

Other health problems besides anaphylaxis: _____

Current medications, if any: _____

Wear medical identification jewelry that identifies the anaphylaxis potential and the food allergen triggers.

SYMPTOMS OF ANAPHYLAXIS INCLUDE:

- MOUTH—itching, swelling of lips and/or tongue
- THROAT*—itching, tightness/closure, hoarseness
- SKIN—itching, hives, redness, swelling
- GUT—vomiting, diarrhea, cramps
- LUNG*—shortness of breath, cough, wheeze
- HEART*—weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.

* Some symptoms can be life-threatening! **ACT FAST!**

WHAT TO DO:

1. INJECT EPINEPHRINE IN THIGH USING (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Auvi-Q (0.15 mg) | <input type="checkbox"/> EpiPen Jr (0.15 mg) |
| <input type="checkbox"/> Adrenaclick (0.30 mg) | <input type="checkbox"/> Auvi-Q (0.30 mg) | <input type="checkbox"/> EpiPen (0.30 mg) |

**Note: Patients should be allowed to self-carry and self-administer epinephrine; medications shown in alpha order; make sure a doctor has provided a prescription for the right medication for this patient, that it is current/not expired; and always keep this medication within reach of the patient.*

Other medication/dose/route: _____

IMPORTANT: Asthma inhalers and/or antihistamines can't be depended on in anaphylaxis!

2. CALL 9-1-1 or RESCUE SQUAD (before calling contacts)!

3. EMERGENCY CONTACTS

#1: home _____	work _____	cell _____
#2: home _____	work _____	cell _____
#3: home _____	work _____	cell _____

DO NOT HESITATE TO GIVE EPINEPHRINE!

COMMENTS:

Doctor's Signature/Date

Parent's Signature (for individuals under age 18 years)/Date

†Adapted from J Allergy Clin Immunol 1998;102:173-176 and J Allergy Clin Immunol 2006;117:367-377.

ASTHMA ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.



GREEN means Go Zone!

Use preventive medicine.

YELLOW means Caution Zone!

Add quick-relief medicine.

RED means Danger Zone!

Get help from a doctor.

Personal Best Peak Flow: _____

GO		Use these daily controller medicines:		
You have <i>all</i> of these: <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work & play 	Peak flow: <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> from _____ to _____ </div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
For asthma with exercise, take:				
CAUTION		Continue with green zone medicine and add:		
You have <i>any</i> of these: <ul style="list-style-type: none"> First signs of a cold Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night 	Peak flow: <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> from _____ to _____ </div>	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
CALL YOUR ASTHMA CARE PROVIDER.				
DANGER		Take these medicines and call your doctor now.		
Your asthma is getting worse fast: <ul style="list-style-type: none"> Medicine is not helping Breathing is hard & fast Nose opens wide Trouble speaking Ribs show (in children) 	Peak flow: <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> reading below _____ </div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.