

Anaphylaxis Emergency Action Plan

Patient Name:		Age:
Allergies:		
Asthma	ction) 🗌 No	
Additional health problems besides anap	ohylaxis:	
Concurrent medications:		
	Symptoms of Anaphylaxis	
MOUTH THROAT* SKIN GUT LUNGS* HEART*	itching, swelling of lips and itching, tightness/closure, hitching, hives, redness, sw. vomiting, diarrhea, cramps shortness of breath, cough weak pulse, dizziness, pas	noarseness elling s n, wheeze
	be present. Severity of sympto toms can be life-threatening. A	
Emergency Action Steps - DO NO	OT HESITATE TO GIVE EPINEP	HRINE!
1. Inject epinephrine in thigh using (ch	eck one):	
☐ 0.1 mg (16.5 lbs to less than 33	lbs) Specify brand:	
□ 0.15 mg (33 lbs to less than 66	lbs) Specify brand:	
□ 0.3 mg (66 lbs or more)	Specify brand:	
IMPORTANT: ASTHMA INHALERS AND/0 2. Call 911 or emergency medical service		E DEPENDED ON IN ANAPHYLAXIS.
3. Emergency contact #1: home	work	cell
Emergency contact #2: home	work	cell
Emergency contact #3: home	work	cell
Comments:		
Ooctor's Signature/Date/Phone Number		
Parent's Signature (for individuals under a	nge 18 vrs\/Date	

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