**ANAPHYLAXIS ACTION PLAN**

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

Known allergy/allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of kin name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SYMPTOMS DESCRIBED**

What anaphylaxis looks like for me

* Tingling, itching mouth, throat and tongue
* Nettle rash, hives spreading on lower arms, chest, neck and face
* Swelling of tongue and face
* Feeling unwell, anxious and sensing impending doom
* Increased anxiety
* Looking pale, grey and not right
* Nausea
* Breathlessness and trouble breathing.
* Trouble speaking if throat is swollen
* Uncontrollable all over body shaking
* Passing out, unconscious

**IMMEDIATE ACTION**

Important – Do not walk, stand or move at all. Stay sitting or lying down, whatever is most comfortable for breathing but do not move.

* Call 999 (note the time you called). Do not leave the person alone. Send someone else to meet ambulance if you can. Stay on the phone.
* Administer adrenalin Emmerade x 1 dose into thigh, midway and outside edge (Note time)
* Take antihistamine – Cetirizine – 2 tablets
* Take inhaler – Blue salbutamol
* Monitor breathing and administer second adrenaline injector if deteriorating and no improvement within ten minutes. Always inject into the other thigh. (Note the time)
* Put in recovery position if unconscious.
* Dispose of used injectors safely