



ACTION PLAN FOR ANAPHYLAXIS



PHILIPPINE
SOCIETY OF
ALLERGY,
ASTHMA &
IMMUNOLOGY

WWW.PSAAI.ORG

FOR USE WITH EPINEPHRINE AUTOINJECTORS OR AMPULES

Name: _____

Birthdate: _____ Age: _____ Weight: _____ kg

CONFIRMED ALLERGENS:



Photo

MEDICAL HISTORY:

FAMILY/EMERGENCY CONTACT NAME(S):

Comorbidities (aside from allergies/anaphylaxis): _____

(1) Name: _____ Mobile #: _____

(2) Name: _____ Mobile #: _____

Current medications: _____

(3) Name: _____ Mobile #: _____

PLAN prepared by _____ Signature: _____ Date: ____/____/____

i I hereby authorize medications specified on this plan to be given with patient's/parent/guardian's consent. While this plan does not expire, review is recommended by ____/____/____.

Epinephrine:

Patient's dose (per weight/age): _____

With Epinephrine autoinjector ☐
With Epinephrine ampule ☐

Please indicate BRAND _____
& SPECIFIC DOSE _____



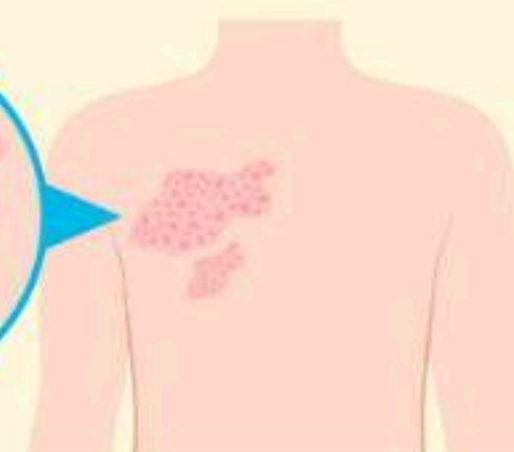
YELLOW ZONE: SIGNS OF MILD TO MODERATE ALLERGIC REACTIONS



hives or wheals



**itchy (tingling) mouth,
nose, and/or eyes**



localized rash



**swelling of lips,
face, and eyes**



ACTION FOR MILD TO MODERATE ALLERGIC REACTIONS

☐ Stay with patient & call for help (If you are not the guardian, call emergency contact while giving first aid)

- for insect allergy: flick out sting if visible
- for tick allergy: seek medical help or freeze tick & let it drop off

☐ Call family/emergency contact

☐ Give **antihistamine** (only for mild to moderate allergic reactions)

Name of Antihistamine: _____ Dose: _____

☐ Locate epinephrine autoinjector or ampule



**Mild to moderate allergic reactions (such as hives or swelling)
may NOT always occur before anaphylaxis.**



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RED ZONE: WATCH OUT FOR ANY OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)



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

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

LUNG*

shortness of breath, cough, wheeze



MOUTH

itching, swelling of lips and/or tongue



THROAT*

itching, tightness/closure, hoarseness, difficulty swallowing



GUT

vomiting, diarrhea, cramps



HEART*

weak pulse, dizziness, passing out



SKIN

itching, hives, redness, swelling



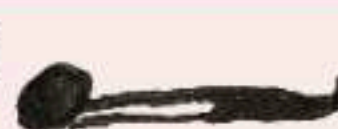
★ IF IN DOUBT, GIVE EPINEPHRINE AUTOINJECTOR or AMPULE !



ACTION FOR ANAPHYLAXIS

1. LAY PERSON FLAT, do not let them stand or walk.

- (a) if unconscious, place on back and **elevate lower extremities**.
- (b) if pregnant, lay on left side (as shown in picture)
- (c) if with difficulty breathing, allow to sit with legs outstretched
- (d) hold infants/young children flat (NOT upright)



How to administer EPINEPHRINE from ampule

1



Make sure that all the liquid is below the neck of the ampule, where it will break.

Flick the top of ampule gently until all liquid drops BELOW the neck.

2



BREAK THE AMPULE.

Use gauze/cloth to protect your hands when you grip the ampule.

3



Hold the bottom half of the ampule upright in place to snap off the top part. Be careful not to spill the liquid.

4



Draw EPINEPHRINE dose required for the patient, using a 1mL syringe.

Lastly, **change the syringe needle** to 1 to 1 1/2 inch (gauge 19 or 21).

5



Inject into **anterolateral thigh (INTRAMUSCULAR)**

2. GIVE EPINEPHRINE AUTOINJECTOR/AMPULE !

3. Call EMERGENCY HOTLINE _____

4. Call family member/emergency contact.

5. Epinephrine may be given again, if no response after 5 minutes.

6. Transfer person to hospital immediately.

Begin CPR at any time - if person is not responsive or breathing normally.

EPINEPHRINE DOSE (for patient) :

0.1 mg = 0.1 mL



_____ mL (0.01mg/kg for infants)



0.15 mL (7.5 kg to 25-30 kg)



0.30 mL (25 kg to 30 kg)



0.50 mL (>30 kg: adolescents & adults)



Always give EPINEPHRINE FIRST, & then asthma reliever, if someone has SUDDEN BREATHING DIFFICULTY (wheeze, persistent cough or hoarse voice), even WITHOUT skin symptoms.

Asthma reliever medication prescribed? ____ Y ____ N

Asthma reliever medication _____

Note: If epinephrine is accidentally injected (eg. into a thumb), get EMERGENCY MEDICAL HELP right away. Continue to follow this action plan for the person with the allergic reaction.



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HEART*

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ACTION FOR ANAPHYLAXIS

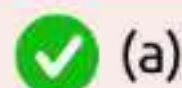
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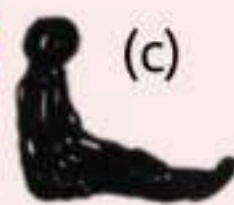
(a)



(b)



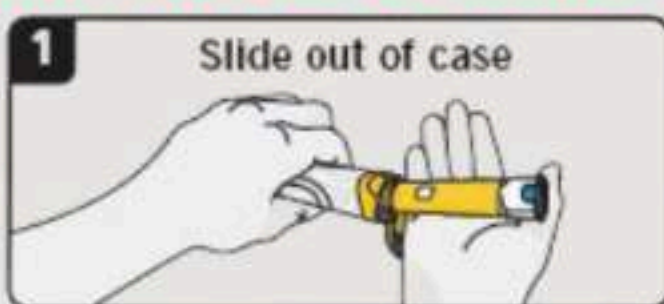
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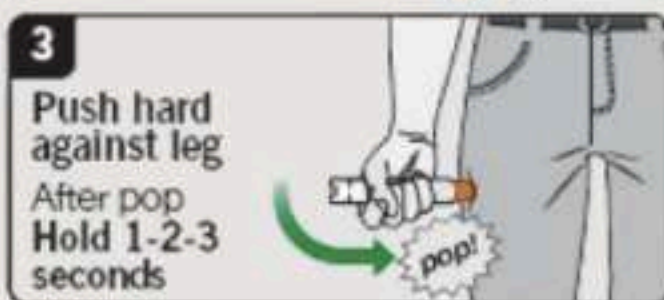
(d)



How to give EPINEPHRINE AUTOINJECTOR



"BLUE to the sky, ORANGE to the thigh"



Swing and push the auto-injector firmly into the thigh until it "clicks".

Hold in place for 3 to 10 seconds.

Where to inject:



anterolateral thigh (INTRAMUSCULAR)

How to hold:



2. GIVE EPINEPHRINE AUTOINJECTOR/AMPULE !

3. Call EMERGENCY HOTLINE _____

4. Call family member/emergency contact.

5. Epinephrine may be given again, if no response after 5 minutes.

6. Transfer person to hospital immediately.

Begin CPR at any time - if person is not responsive or breathing normally.

EpiPen (epinephrine autoinjector) is prescribed as follows:

EpiPen Jr (150 mcg) for children 7.5-20 kg

EpiPen (300 mcg) for children & adults over 20 kg



Always give EPINEPHRINE FIRST, & then asthma reliever, if someone has SUDDEN BREATHING DIFFICULTY (wheeze, persistent cough or hoarse voice), even WITHOUT skin symptoms.

Asthma reliever medication prescribed? ____ Y ____ N

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