ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR
Drug (Medication) Allergy

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

_____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the patient or parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Sudden onset sneezing, rhinitis
- Tingling mouth
- Abdominal pain, vomiting

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Locate adrenaline (epinephrine) device (if available)
- **Give antihistamine - see above**
- Phone family/mergency contact

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

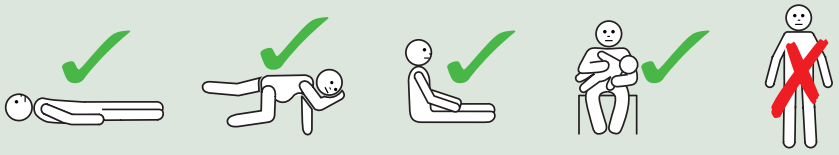
Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE DEVICE IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE DEVICE FIRST and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

RECORD FOR

Drug (Medication) Allergy

Patient Name: _____ Date of birth: DD / MM / YYYY

Patient Address: _____

This record is confirmed on DD / MM / YYYY by Specialist: _____ Signature: _____

DRUG ALLERGIES FOR ASSESSMENT

Drug	Reaction Date* and Type	Assessment Date and Type	Recommendation

DRUG SIDE EFFECTS AND INTOLERANCES

Drug	Reaction Date* and Type	Additional Notes

NOTES:

*If date of reaction is not known, state if it was less or more than five years ago.

If the patient information does not all fit on this page, attach another completed record and indicate number of pages here. Page ___ of ___