

NAME

DOB

Emergency contact (name):
(Relation to patient):
Work
Home
Cell

I am allergic to:

My medic alert number is:

Paste
Photo
Here



Ambulances: Municipal 10177
ER24 084 124
Netcare 911 082 911

Plan prepared by Dr:

Signed: _____ Date: _____
Hospital / clinic: _____ Tel no: _____

MINOR REACTION

Face and Skin
Itching, redness, hives (“bommels”)
Swelling of face, eyes, hands and feet

Stomach
Stomach pain, vomiting, diarrhoea.
In INSECT allergy these are signs of a SEVERE reaction

MAJOR REACTION: ANY ONE OF

Airway
Difficulty breathing, coughing
Wheezy, noisy breathing
Voice change
Choking

Total body
Change of colour
Floppy, sense of impending doom
Loss of consciousness, sleepy

MINOR REACTION
(Face / Stomach/ Skin)

GIVE

ANTIHISTAMINE

DOSE.....

If asthmatic give Reliever pump 6-10 puffs via spacer

Locate adrenaline in case of progression
Observe closely for signs of severe reaction

Contact family / emergency contact

Consult your doctor as soon as possible

MAJOR REACTION
(Airway / Total Body)

BREATHING DIFFICULTY OR CHANGE OF CONCIOSNESS

GIVE IMMEDIATELY

ADRENALINE DOSE:
OR EPIPEN / EIPEN JNR

AND ANTIHISTAMINE DOSE.....

If asthmatic give Reliever pump 6 - 10 puffs via spacer

CALL AMBULANCE
say “ANAPHYLAXIS”

Get to closest doctor/clinic/hospital immediately

If no improvement in 5 minutes give a second dose of adrenaline

This treatment plan has been recommended by my / my child’s allergy doctor and explained to the patient / parent. Adrenaline given in the appropriate dose is safe. I give permission for nominated caregivers, teachers and laypersons to administer adrenaline to myself / my child and absolve them against wrongdoing should they do so in the case of a suspected anaphylactic reaction.

(Patient / Parent / Guardian Name and Signature)

_____ (Date)