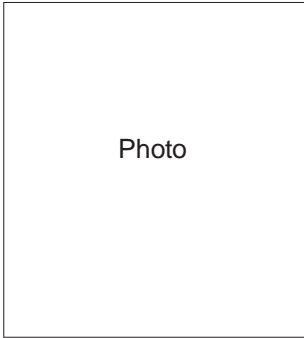


Name: _____

Date of birth: _____



- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

Confirmed allergens:

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

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed:

Date:

Dat30.02 Tw 732 286.391j EMC /P(Tbe))JTJ Ew1 (22.6 (C /P <enp)5C /PP <en /P <lon /P <pen /P <d 6 (a mr 'P <d (il(C

- on left side if pregnant, as shown below

- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR 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 INJECTOR

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