



# FOOD ANAPHYLAXIS MANAGEMENT PLAN (FAMP)

## Travelling Abroad

Name
Surname
Date of Birth
Residence

Patient Photo
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### ALLERGIC TO:

- |  |                               |                                  |                                   |
|--|-------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Cereals containing gluten | <input type="checkbox"/> Egg  | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Milk     |
| <input type="checkbox"/> Shellfish                 | <input type="checkbox"/> Fish | <input type="checkbox"/> Soy     | <input type="checkbox"/> Treenuts |

If "Treenuts", please specify:

Others:

PREVIOUS ANAPHYLACTIC REACTION:  YES  NO

ASTHMA:  YES  NO

} **high risk  
of developing  
a severe  
allergic reaction**

### SYMPTOMS OF ALLERGIC REACTION:

*N.B. At the simultaneous of multiple symptoms proceed with the pharmacological intervention plan*

- ☞ MOUTH: swelling and itching of the lips and throat
- ☞ THROAT: itching, **irritating barking cough, hoarse voice**
- ☞ SKIN: **localized or diffused hives or rash, swelling of the face or extremities**
- ☞ DIGESTIVE SYSTEM: nausea, abdominal cramp pain, **repeated vomiting and/or diarrhea**
- ☞ RESPIRATORY SYSTEM: **irritating barking cough, wheezing, breathing difficulty**
- ☞ CIRCULATORY SYSTEM: **collapse**
- ☞ NEUROLOGICAL SYSTEM: **lifelessness, feeling down, loss of consciousness**

## PHARMACOLOGICAL INTERVENTION PLAN

**N.B. The lifesaving kit can be found**

### MILD ALLERGIC REACTION

If symptoms are: ITCHING OF THROAT, SWOLLEN TONGUE AND LIPS, HIVES OR RASH, NAUSEA, ABDOMINAL CRAMP PAINS

☞ administer: ANTIHISTAMINE brand  
dosage expiry date (to be kept at room temp. and away from light)

ANTIHISTAMINE ADMINISTERED AT: date 

☞ administer: BRONCHODILATOR brand  
dosage expiry date (to be kept at room temp. and away from light)

BRONCHODILATOR ADMINISTERED AT: date 

**SEVERE ALLERGIC REACTION**

If symptoms progress (5-10 mins): **HIVES WITH SWELLING OF THE FACE AND/OR HOARSE VOICE AND /OR BREATHING DIFFICULTY AND /OR COLLAPSE**

☞ administer: **ADRENALINE AUTO-INJECTOR** brand   
 phial (mg)  expiry date  (to be kept at room temp. and away from light)

***If in doubt, use the adrenaline auto-injector!***

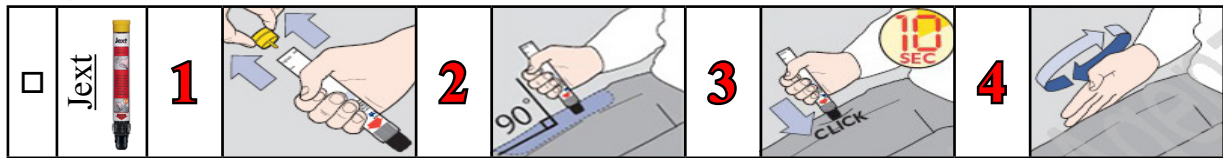
***N.B. If after 5 minutes symptoms do not improve, or return, administer another dose***

**INSTRUCTIONS FOR USE OF ADRENALINE AUTO-INJECTOR (AAI)**

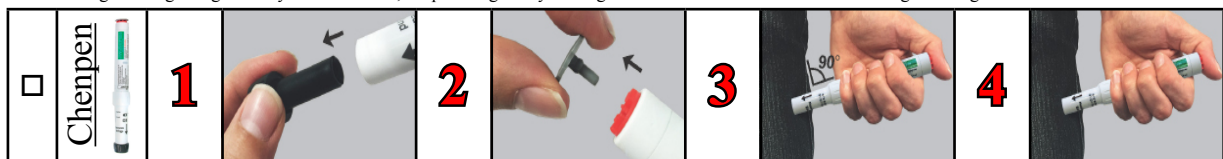
☞ hold the leg still before and during injection to prevent injuries



*Fastjekt:* 1. Hold Fastjekt firmly in the hand and remove the blue cap. 2. Hold Fastjekt with the orange tip facing the outside of the thigh at a distance of 10 cm. 3. Firmly press the auto-injector into the thigh at a right angle until a click is heard, leave Fastjekt in this position for 10 sec. 4. Remove Fastjekt and massage the thigh for 10 sec.



*Jext:* 1. Hold Jext firmly in the hand and remove the yellow cap. 2. Hold Jext with the black tip facing the outside of the thigh. 3. Firmly press the auto-injector into the thigh at a right angle until you hear a click, keep Jext against your thigh for 10 sec. 4. Remove Jext and massage the thigh for 10 sec.



*Chenpen:* 1. Remove the black needle guard 2. Remove the gray safety cap from the red activation button 3. Place the Chenpen against the outside of the thigh at a right angle and press the red button. 4. Keep Chenpen in this position for 10 sec., Remove it and massage lightly.

- ☞ lay the person flat and do not leave alone
- ☞ if the person is **conscious** put him/her in anti-shock position, raise legs to facilitate the flow of blood to the head and heart; if breathing is difficult (asthma) or they are vomiting, raise the upper body off the ground
- ☞ if the person is **unconscious**, put he/she in the recovery position according to first aid

**ADRENALINE No.1 ADMINISTERED AT:** date

**ADRENALINE No.2 ADMINISTERED AT:** date

☞ call the **Emergency Number** and inform:

REFERENCE 1

REFERENCE 2

MEDICAL REFERENCE

**HAND OVER THE ADMINISTERED ADRENALINE TO FIRST AID STAFF OR AE STAFF. THE PATIENT SHOULD BE KEPT UNDER OBSERVATION FOR AT LEAST 4 HOURS BECAUSE SYMPTOMS MAY RETURN**

PATIENT/GUARDIAN SIGNATURE:

PHYSICIAN SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_

Date and Place: