

ASCIA Action Plans

Frequently Asked Questions (FAQ)

Q 1: How many types of ASCIA Action Plans are there?

There are two types of ASCIA Action Plans available at www.allergy.org.au/anaphylaxis:

- ASCIA Action Plan for Anaphylaxis 2020 (RED) EpiPen or Generic versions are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors.
- ASCIA Action Plan for Allergic Reactions (GREEN) is for adults or children with medically confirmed allergies, who have not been prescribed adrenaline autoinjectors.

These plans include text fields to type in personal details, tick boxes and an area for photo identification.

To save ASCIA Action Plans with personal details typed into the text fields, the document needs to be saved as a new file name (e.g. including the patient name) and then the completed document can be printed.

Q 2: Can the older versions (prior to 2020) ASCIA Action Plans still be used?

Current ASCIA Action Plans are the 2020 versions, however, the 2018 versions are still valid for use throughout 2020, or until the review date on the plan. ASCIA Action Plans do not expire, and therefore the plan is still valid beyond the date of review, which is a guide for patients to see their doctor. ASCIA Action Plans prior to the 2018 version should no longer be used.

Q 3: How have the revised 2020 ASCIA Action Plans changed from the previous 2018 versions?

The main changes to the 2020 versions of the plans, compared to the 2018 versions are as follows:

- The weight range for adrenaline autoinjectors (150 mcg) has changed from 10-20kg to 7.5-20kg, to be consistent with ASCIA Guidelines and consensus expert opinion.
- To improve clarity, wording in the left column of the RED and GREEN plans now states:

The treating doctor or nurse practitioner (np) hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors (only on the RED version).
- Use of adrenaline autoinjector if available (only on the GREEN version).
- Review of this plan is due by the date below.

To reduce duplication and increase use, a new ASCIA First Aid Plan for Anaphylaxis (ORANGE) EpiPen and Generic versions has replaced the following documents that contained the same information:

- ASCIA Action Plan for Anaphylaxis (ORANGE) EpiPen and Generic versions.
- ASCIA First Aid for Anaphylaxis (English version). Please note that the translated versions of ASCIA First Aid for Anaphylaxis will still be available.

The other change to the ASCIA First Aid Plan for Anaphylaxis is that the wording about asthma has been amended to remove any personal details. This is unchanged in the RED and GREEN ASCIA Action Plans.

Combining these documents into the ASCIA First Aid Plan for Anaphylaxis is expected to increase use of:

- This plan as a poster for display or to store with general use adrenaline autoinjectors.
- Translated versions by linking to them in one of the most widely used ASCIA webpages, which was accessed more than 100,000 times over the past 12 months.

Q 4: Can schools or parents complete an ASCIA Action Plan for Anaphylaxis (RED) or ASCIA Action Plan for Allergic Reactions (GREEN) for their students or children?

No. ASCIA Action Plans have been developed as medical documents and must be completed, signed and dated by the patient's doctor or nurse practitioner. If copies are required the original signed copy should be photocopied or scanned.

Q 5: Is it possible to obtain an electronic copy of the ASCIA Action Plans so that the child's information can be inserted by parents, school staff or early childhood education/care (ECEC) staff?

No. ASCIA Action Plans have been developed in a PDF format to ensure the documents are concise, consistent and easily understood. They now have fields that can be directly typed into by the treating doctor or nurse practitioner, but not by parents, school or ECEC staff, as they are medical documents.

Q 6: How often does an ASCIA Action Plan need to be updated?

ASCIA Action Plans should be reviewed when patients are reassessed by their doctor or nurse practitioner, and each time they obtain a new adrenaline autoinjector prescription, which is approximately every 12 to 18 months. If the patient is a child the photo should be updated. If there are no changes in diagnosis or management, the medical information on the ASCIA Action Plan may not need to be updated.

The ASCIA Action Plan includes the date of next Action Plan review, which should coincide with the next scheduled appointment with a doctor or nurse practitioner to obtain a new adrenaline autoinjector prescription (approximately every 12 to 18 months).

Q 7: ASCIA Action Plans are copyrighted. Can they still be printed and/or copied?

Yes. ASCIA Action Plans can be printed off the website or photocopied without infringement of the copyright. It is preferable to print or copy them in colour, where possible.

Q 8: What is the purpose of ASCIA Action Plans for Anaphylaxis?

ASCIA Action Plans for Anaphylaxis provide instructions for first aid treatment of anaphylaxis, to be delivered by people without any special medical training or equipment, apart from access to an adrenaline autoinjector. All patients who have been prescribed an adrenaline autoinjector should also be provided with an ASCIA Action Plan for Anaphylaxis (RED).

Q 9: Is abdominal pain and/or vomiting a symptom of anaphylaxis due to insect allergy?

Yes. If someone experiences abdominal pain and/or vomiting to a food or drug (medication), this is considered a mild to moderate symptom. However, if someone experiences abdominal pain and/or vomiting after being stung or bitten by an insect, this is a symptom of anaphylaxis and the adrenaline autoinjector should be given. It is important to watch for other signs and symptoms.

As stated on the ASCIA Action Plans, if in doubt as to whether the child or adult is experiencing anaphylaxis, give the adrenaline autoinjector and call an ambulance.

Q 10: Why do the ASCIA Action Plans state that CPR should only be given AFTER giving adrenaline?

Adrenaline is life-saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and potentially death of the patient. This is why giving the adrenaline autoinjector is a priority on ASCIA Action Plans for Anaphylaxis, to prevent delays. If CPR is given before this step there is a possibility that adrenaline is delayed or not given. Oxygen is not mentioned on ASCIA Action Plans as it will usually be given to the patient by ambulance staff.

Q 11: Who should have an ASCIA Action Plan for Allergic Reactions (GREEN)?

The ASCIA Action Plan for Allergic Reactions has been developed for children or adults with a confirmed food, insect or drug (medication) allergy, who have not been prescribed an adrenaline autoinjector, as they are not thought to be at risk of anaphylaxis. However, allergies to foods, insects or drugs have the potential to result in

anaphylaxis and the ASCIA Action Plan for Allergic Reactions provides guidance for carers on how to manage anaphylaxis if it occurs.

Q 12: Should a person with allergic rhinitis (hay fever) have an ASCIA Action Plan for Allergic Reactions completed by their doctor or nurse practitioner?

No. Whilst allergic rhinitis can cause uncomfortable symptoms, they are not potentially life-threatening allergic reactions and hence an ASCIA Action Plan is not required. However, if the allergic rhinitis affects an individual's asthma, their Asthma Action Plan should be followed.

The ASCIA Treatment Plan for Allergic Rhinitis has been developed for people with allergy to environmental inhalant allergens such as grass pollen, dust mite, or mould, resulting in allergic rhinitis. This plan is completed by a doctor or nurse practitioner and is meant for the person or the parent and not for schools. Most schools do not play a role in the treatment and management of allergic rhinitis. However, when medication administration is required at school, parents should liaise with the school.

Q 13: Can an organisation obtain an adrenaline autoinjector for general use which is not prescribed for a person, and do they require an ASCIA Action Plan for Anaphylaxis?

Yes. Adrenaline autoinjectors for general use can be purchased without a prescription at full price from pharmacies. The ASCIA First Aid Plan for Anaphylaxis (ORANGE) has been developed for use as a poster, or as an instruction guide to include with an adrenaline autoinjector for general use. More information is available at www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-for-general-use

Q 14: What happens if confirmed allergens listed do not fit on the ASCIA Action Plan for Anaphylaxis?

ASCIA Action Plans for Anaphylaxis are medical documents that can be completed online by the treating doctor or nurse practitioner, by typing patient details into the text fields, then saving this as a PDF before printing a copy:

- In the device specific versions there is enough space allowed under “confirmed allergens” to type **around 10 allergens**.
- Alternatively the generic version could be used, which allows **around 20 allergens** to be listed.
- If the number of confirmed allergens does not fit, “See attached list” can be typed in and a list of confirmed allergens can be attached, which has been supplied by the treating doctor or nurse practitioner.
- If the treating doctor or nurse practitioner is not using an online version and is handwriting the allergens, then space is more limited, and they should either change to completing an online version or attach a typed list of confirmed allergens.

Parents or school/ECEC staff should **not** be completing ASCIA Action Plans themselves.

Allergens that cause hay fever (allergic rhinitis) such as pollen (from grasses, trees or weeds), moulds or animals, should **not** be listed on the ASCIA Action Plan for Anaphylaxis.

Q 15: Where can further resources be obtained?

Patient information and anaphylaxis training is available from ASCIA, the peak professional body for clinical immunology and allergy in Australia and New Zealand www.allergy.org.au/patients

Patient information and support is available from Allergy & Anaphylaxis Australia www.allergyfacts.org.au/ and Allergy New Zealand www.allergy.org.nz/

© ASCIA 2021 – Updated March 2021

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA resources are based on published literature and expert review, however, they are not intended to replace medical advice. The content of ASCIA resources is not influenced by any commercial organisations.

For more information go to www.allergy.org.au

To donate to immunology/allergy research go to www.allergyimmunology.org.au