

ASCIA Action Plans

Frequently Asked Questions (FAQ)

Q 1: What types of ASCIA Action Plans are there?

There are three types of ASCIA Action Plans and the following 2021 versions are available open access at www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis:

- ASCIA Action Plan for Anaphylaxis 2020 (RED) EpiPen[®], Anapen[®] and Generic versions for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors. Anapen[®] is expected to be available in Australia from September 2021.
- ASCIA Action Plan for Drug (Medication) Allergy (GREEN) for adults or children with medically confirmed drug (medication) allergies, who have not been prescribed adrenaline autoinjectors.
- ASCIA Action Plan for Allergic Reactions (GREEN) is for adults or children with medically confirmed food or insect 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 2021) ASCIA Action Plans still be used?

Current ASCIA Action Plans are the 2021 versions, however, the 2020 and 2018 versions are still valid for use throughout 2021. ASCIA Action Plans do not expire, and the recommended review date 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 2021 ASCIA Action Plans changed from the previous 2020 versions?

The main change to the 2021 ASCIA Action Plans is that the **number of positioning images has increased from three to five:**

- Each plan includes images that show the recovery position and holding a young child flat, not upright.
- Wording above the images has been expanded to provide more detailed explanations.

Other changes that have been made in response to requests by several reviewers are as follows:

- The wording '**these are signs of anaphylaxis for insect allergy**' after 'Abdominal pain, vomiting' has been highlighted in bold.
- 'Give other medications (if prescribed)' has been changed to '**Give antihistamines (if prescribed)**'.
- In the left column the space for '**Confirmed allergens**' has been expanded, wording has been updated in the **family/emergency contact, authorisation/consent** and **review** sections, and the **adrenaline doses have been reordered** to start with the lowest dose of 150mg.

ASCIA First Aid Plans for Anaphylaxis (ORANGE) EpiPen[®], Anapen[®] and Generic versions have also been updated to be consistent with the 2021 ASCIA Action Plans.

Q 4: Can schools or parents complete an ASCIA Action Plan 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 children's education/care (CEC) 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 CEC 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.

ASCIA Action Plans include a recommended review date, 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 a green ASCIA Action Plan?

The green ASCIA Action Plan for Allergic Reactions and green ASCIA Action Plan for or drug (medication) allergy have been developed for children or adults with a confirmed food, insect or 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 green ASCIA Action Plans 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 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 2021 versions there is enough space allowed under “confirmed allergens” to type up to **20 allergens**.
- 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.

Please note:

- Parents or school/CEC 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.

Q15: Where can further resources be obtained?

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

Patient/consumer information and support is available from the following organisations:

- Allergy & Anaphylaxis Australia www.allergyfacts.org.au/
- Allergy New Zealand www.allergy.org.nz/

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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

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