



ASCIA Action Plans

Frequently Asked Questions

This document has been developed by [ASCIA](#), the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA information is based on published literature and expert review, is not influenced by commercial organisations and is not intended to replace medical advice. For patient or carer support contact [Allergy & Anaphylaxis Australia](#) or [Allergy New Zealand](#).

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

There are the three types of ASCIA Action Plans for children or adults in Australia and New Zealand:

- **ASCIA Action Plan for Anaphylaxis (RED) EpiPen[®], Anapen[®] and General version** for people with medically confirmed allergies, who have been prescribed adrenaline (epinephrine) devices.
- **ASCIA Action Plan for Drug (Medication) Allergy (GREEN)** for people with medically confirmed drug allergies, who have not been prescribed adrenaline devices.
- **ASCIA Action Plan for Allergic Reactions (GREEN)** for people with medically confirmed food or insect allergies, who have not been prescribed adrenaline devices.

Each plan contains text fields that can be completed electronically, and an area for photo identification. Once completed, ASCIA Action Plans may be saved as a new PDF file, with a new title (for example the person's name and date of birth) and printed.

ASCIA Action Plans are available on the [ASCIA website](#).

Q 2: What is the purpose of ASCIA Action Plans for Anaphylaxis?

The ASCIA Action Plan for Anaphylaxis is an emergency response plan for severe allergic reactions (anaphylaxis). These plans are designed to be used by people who do not have any medical training or equipment, apart from access to an adrenaline device. All people who have been prescribed an adrenaline device should also be given an ASCIA Action Plan for Anaphylaxis.

Q 3: What are the current versions of the ASCIA Action Plans?

The current ASCIA Action Plans are the 2025 versions. Previous versions (2023) are still valid for use. Although ASCIA Action Plans do not expire, there is a recommended review date. This date is there as a guide and serves as a reminder for patients to see their doctor.

Q 4: How have the revised ASCIA Action Plans changed from the previous versions?

Minor updates have been made in 2025, which are outlined on the [ASCIA website](#).

The following formatting changes were made in the 2023 versions of ASCIA Action Plans:

1. Patient specific details are all completed in the top section.
2. Signs of, and actions for, mild to moderate allergic reactions are in two easy to follow lists.
3. Wording about allergen exposure is included in the asthma section at the end of the plan.
4. Instructions for adrenaline devices are colour coded.
5. Instructions for both adrenaline devices are included in the General version of the plan.
6. Device specific version for Anapen and EpiPen include changes 1-4 listed above and a QR code which links to short, animated videos with adrenaline device instructions.

Q 5: Can schools or parents complete an ASCIA Action Plan for their students or children?

No. ASCIA Action Plans have been developed in a PDF format to ensure the documents are concise, consistent, and easily understood. Each plan contains text fields and an area for photo identification that can only be completed by the child's treating doctor or nurse practitioner. As these are medical documents, this cannot be done by parents, school, or CEC staff. If copies are required, the original signed copy should be photocopied or scanned.

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

ASCIA Action Plans include a recommended review date, which coincide with the patient's next scheduled appointment with their doctor or nurse practitioner. At these appointments, which are usually scheduled every 12 to 18 months, the person at risk of anaphylaxis will be reassessed and a new prescription for an adrenaline device given. The ASCIA Action Plan will also be reviewed at this time and, if needed, details will be updated. If the person at risk of anaphylaxis is a child, the photo should also be updated each time the plan is reviewed.

For schools, there is no need to update the ASCIA Action Plan at the start of each year. If there is no change in the student's allergy, the plan should be updated by the date specified by the student's doctor or nurse practitioner on the current plan, usually every 12-18 months when they are reviewed by their doctor and receive a new adrenaline device prescription.

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.

Q 8: 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 device 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 a person is experiencing anaphylaxis, give the adrenaline device and call an ambulance.

Q 9: Why do the ASCIA Action Plans say to give adrenaline before commencing CPR?

Giving an adrenaline device as soon as possible to a person during anaphylaxis and before CPR commences is lifesaving. It reduces the risk of the persons symptoms becoming worse and can prevent them from dying.

When injected into the upper mid-thigh during anaphylaxis, adrenaline injector devices help maintain blood flow to the heart and reduces swelling in the airways making it possible for air to get in and out of the lungs. This makes CPR more effective, meaning a better outcome for the person having anaphylaxis.

A medical emergency like anaphylaxis can be a very stressful for people giving first aid. It is possible in a situation like this, that the person giving first aid may accidentally forget to give the adrenaline device to the person having anaphylaxis. This is more likely to happen if CPR has already commenced, so giving adrenaline first ensures it will not be forgotten.

If CPR has already commenced before an adrenaline device was available, it is important to give it as soon as it is available. CPR should not be interrupted if it has already commenced so, if possible, have another person give the adrenaline device while CPR continues.

Q 10: Who should have a green ASCIA Action Plan?

- **ASCIA Action Plan for Drug (Medication) Allergy (GREEN)** for children or adults with medically confirmed drug allergies, who have not been prescribed adrenaline devices. Adrenaline devices are not usually prescribed for people with a drug allergy.
- **ASCIA Action Plan for Allergic Reactions (GREEN)** for children or adults with medically confirmed food or insect allergies, who have not been prescribed adrenaline devices. These people are at low risk of anaphylaxis.

Allergies to foods, insects or drugs have the potential to result in anaphylaxis, and a green ASCIA Action Plan provides guidance on how to manage anaphylaxis.

Q 11: What ASCIA plan should a person with allergic rhinitis (hay fever) have?

People with allergic rhinitis may be given an ASCIA Treatment Plan for Allergic Rhinitis. This plan can be completed by a doctor, nurse practitioner or pharmacist, and is meant for the person or the parent, not for schools or CEC services.

ASCIA Action Plans are not needed for people with an allergy to environmental inhalant allergens such as grass pollen, dust mite or mould, that cause allergic rhinitis (hay fever). Although the symptoms of allergic rhinitis can be uncomfortable, they are not life-threatening, so an ASCIA Action Plan is not required.

Q 12: What type of ASCIA plan is needed for general use adrenaline devices?

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 device for general use. Adrenaline devices for general use can be purchased without a prescription at full price from pharmacies.

Q 13: Can multiple confirmed allergens be listed on the ASCIA Action Plan?

ASCIA Action Plans for Anaphylaxis are medical documents that are designed so that a doctor or nurse practitioner can complete the details electronically. The most recent version of the ASCIA Action Plan for Anaphylaxis has enough space for multiple confirmed allergens to be entered.

If the treating doctor or nurse practitioner is not using an electronic version of the document, the space to write the allergens may be limited. If it is not possible for an electronic version of the document to be completed, a typed list of confirmed allergens can be attached to the printed version of the Action Plan.

Q 14: Can brand specific Action Plans be used for either brand of adrenaline device?

No. When brand substitution of adrenaline devices is possible, ASCIA recommends that the ASCIA Action Plan for Anaphylaxis (General) is used as it contains directions for both adrenaline devices brands available in Australia (EpiPen and Anapen).

If an adrenaline device brand has been supplied that does not match the brand specific Action Plan for Anaphylaxis written for the patient, a new general version Action Plan should be completed by the patient's doctor or nurse practitioner which contains the instructions for both adrenaline device brands.

© ASCIA 2024

Content updated November 2024

For more information go to www.allergy.org.au/patients/about-allergy

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