

ASCIA First Aid Plan for Anaphylaxis 2025: What's New?

ASCIA has developed 2025 versions of orange **ASCIA First Aid Plans for Anaphylaxis** in response to recent and future changes in adrenaline (epinephrine) devices:

- Anapen® 150 and Anapen® 300 are no longer available in Australia, so only Anapen® 500 is listed on the general and Anapen® specific versions of ASCIA Action and First Aid Plans, from 2025 onwards.
- ASCIA resources are being updated by replacing “injector” with “device”, to enable ASCIA resources to remain relevant when other types of adrenaline devices (that are not injectors, such as those recently approved in the US for routine use) become available in Australia and New Zealand.

To ensure consistency, all ASCIA anaphylaxis resources will be updated in 2025 with the changes noted above, including ASCIA anaphylaxis e-training courses and device specific plans for EpiPen® and Anapen®.



Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine).
If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) devices

EpiPen®

- Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**
- Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)
- PUSH DOWN HARD** until a click is heard or felt and hold in place for 3 seconds **REMOVE EpiPen®**

EpiPen® Jr (150 mcg) is for children 7.5-20kg
EpiPen® (300 mcg) is for children over 20kg and adults

Anapen®

- PULL OFF BLACK NEEDLE SHIELD**
- PULL OFF GREY SAFETY CAP** from red button
- PLACE NEEDLE END FIRMLY** against outer mid-thigh at 90° angle (with or without clothing)
- PRESS RED BUTTON** so it clicks and hold for 3 seconds. **REMOVE Anapen®**

Anapen® 500 is for children and adults over 50kg

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS <ul style="list-style-type: none"> • Swelling of lips, face, eyes • Hives or welts • Tingling mouth • Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy 	ACTIONS <ul style="list-style-type: none"> • Stay with person, call for help • Locate adrenaline device • Phone family/emergency contact • Insect allergy - flick out sting if visible • Tick allergy - seek medical help or freeze tick and let it drop off
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Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

• Difficult or noisy breathing	• Difficulty talking or hoarse voice
• Swelling of tongue	• Persistent dizziness or collapse
• Swelling or tightness in throat	• Pale and floppy (young children)
• Wheeze or persistent cough	

ACTIONS FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright
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- GIVE ADRENALINE DEVICE**
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- Further adrenaline may be given if no response after 5 minutes
- Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE DEVICE
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline device FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

“adrenaline device” has replaced “adrenaline injector”

“ADRENALINE DEVICE” has replaced “ADRENALINE INJECTOR”

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