



Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

| Name | 9: | | |
|--------------------------|----------------------|---|--------|
| DOB: | | | |
| | | | |
| | | | |
| | | | |
| 1) | | ontact details: | |
| 2) | | | |
| | | Child's Weight: | Kg |
| medicines autoinjecto | listed on this plan, | reby authorise school staff to adn including a 'spare' back-up adrei , in accordance with Department in schools. | naline |
| Signed: | | | |
| | | | |
| | | | |

How to give Emerade®







Hold Emerade against the thigh for 5 seconds. ALL 999 AND STATE

Mild-moderate allergic reaction:

- · Swollen lips, face or eyes
- Itchy / tingling mouth
- · Hives or itchy skin rash
- · Abdominal pain or vomiting
- · Sudden change in behaviour

ACTION:

- · Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- · Give antihistamine:
- Phone parent/emergency contact

(if vomited, can repeat dose)



Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

AIRWAY: Persistent cough, hoarse voice

difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing.

wheeze or persistent cough

Consciousness: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat:

(if breathing is difficult, allow child to sit)







- 2. Use Adrenaline autoinjector (eg. Emerade) without delay
- 3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

- 1. Stay with child until ambulance arrives, do NOT stand child up
- 2. Commence CPR if there are no signs of life
- 3. Phone parent/emergency contact
- 4. If no improvement after 5 minutes, give a 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile Medical observation in hospital is recommended after anaphylaxis.

| Additional instructions: |
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| |
| This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. |
| This plan has been prepared by: |
| SIGN & PRINT NAME: |
| Hospital/Clinic: |

Date:

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