

ALLERGIES & RISK OF ANAPHYLAXIS

Individual Health Care Plan – To be used if no Consultant care plan available

(Parents/Carer to complete for School or Early Years setting)

Name:.....

Date of Birth:.....

Known triggers:.....

.....

.....

Review date:.....

Name of School/ Early Years setting:.....

Class/Form:..... Date:.....

Name of School Nurse / Health Visiting team..... Contact tel no.....

Contact Information

Family contact 1

Family contact 2

Name:..... Name.....

Phone No. (work):..... Phone No. (work):.....

(home):..... (home):.....

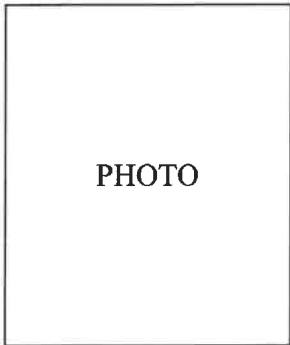
Relationship:..... Relationship:.....

Clinic/Hospital contact

G.P.

Name:..... Name:.....

Phone No:..... Phone No.....



**AGREEMENT FOR THE ADMINISTRATION OF INJECTABLE
ADRENALINE FOR ANAPHYLAXIS VIA AUTO-INJECTOR**

Name:

School/ Early years setting:

DOB: **Year / Group:**

Address:.....
.....
.....

Telephone: **GP:**

Known Allergies:
.....
.....

- | |
|--|
| <ul style="list-style-type: none">• The Adrenaline shall be kept in a safe, accessible place agreed between staff and parents.• Volunteer staff shall be trained in the management of anaphylaxis - one person to be available at all times.• Parents/carers are responsible for maintaining the Adrenaline in date. |
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I/We give our consent for volunteer employees to administer Adrenaline and act as laid out in the action plan in the event of an emergency

Parent/Carer

Name: (print)

Signed: **Date:**

Name: (print)

Signed: **Date:**

I give my approval for volunteer employees to administer Adrenaline and act as laid out in the action plan in the event of an emergency

Head Teacher/ Centre Manager

Name: (print)

Signed: **Date:**

EMERGENCY ACTION PLAN FOR SYMPTOMS OF ANAPHYLAXIS

NAME:

DATE OF BIRTH:

KNOWN ALLERGIES:

LOCATION OF ADRENALINE AND CHLORPHENAMINE:

PHOTO

IF ANY OF THE FOLLOWING SEVERE SYMPTOMS

- DIFFICULTY BREATHING OR WHEEZE.
- SWELLING OF TONGUE OR MOUTH OR
- DIFFICULTY SWALLOWING.
- DECREASED LEVEL OF CONSCIOUSNESS.
- COLLAPSE.

IF ASTHMATIC ALSO CONSIDER

10 puffs of Salbutamol metered dose reliever inhaler (100mcg/puff) via an inhaler & spacer device. Repeat above every 15 minutes until ambulance arrives.

ACTION:

IF NOT BREATHING START BASIC LIFE SUPPORT.

ASK COLLEAGUE TO RING FOR AMBULANCE '999' AND STATE 'CHILD SUFFERING FROM ANAPHYLACTIC SHOCK'.

ADMINISTER ADRENALINE - NOTE TIME

IF POSSIBLE LIE CHILD FLAT AND ELEVATE THE LEGS UNLESS PREFERS SITTING UPRIGHT. DO NOT STAND.

ACTIVATE AUTOINJECTOR:

- REMOVE ANY SAFETY CAP
- PLACE HARD INTO THIGH UNTIL MECHANISM FUNCTIONS (SUDDEN LOUD CLICK)
- HOLD IN PLACE FOR APPROXIMATELY 10 SECONDS
- STORE INJECTOR IN A SAFE PLACE AND GIVE TO PARAMEDICS.

- If child is unconscious use the recovery position (Left side with head tilt and chin lift position), otherwise use reclining position with legs elevated.
- If no improvement after 5 minutes – Repeat Adrenaline if 2nd dose available and note time for ambulance staff.
- Do not leave the child alone.
- Ask colleague to contact parents.
- Should the Adrenaline be accidentally injected into any other persons attention should be sought at Accident & Emergency department.