APPENDIX 1

Gloucestershire COUNTY COUNCIL

NHS Gloucestershire

Gloucestershire Care Services

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:.....

PHOTO

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

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

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

Contact Information

Family contact 1

Name:.....

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

(home):.....

Relationship:.....

Family contact 2

Name.....

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

(home).....

Relationship:.....

Clinic/Hospital contact

Name: .....

Phone No:.....

G.P.

Name:.....

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: .....

.....

.....

- 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.

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:** .....

APPENDIX 2

Gloucestershire COUNTY COUNCIL

NHS Gloucestershire

Gloucestershire Care Services

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 accidently injected into any other persons attention should be sought at Accident & Emergency department.