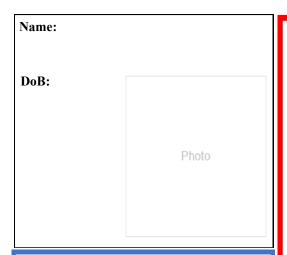


Allergy Action Plan (Severe with Asthma)

This child has the following allergies:



Mild - Moderate reactions

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

Action:

- Stay with the child (call for help if needed)
- Give antihistamine

if vomited can repeat dose

Contact emergency contact / carer

Emergency information:

(1)





PARENTAL CONSENT:

I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on use of AAIs in schools

Signature	•••
Printed name	•••

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.

During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold.

Possible sign(s) of a severe allergic reaction

- Hoarse voice or altered cry
- Throat tightness, difficulty swallowing, swollen tongue
- Difficult or noisy breathing
- Wheeze or persistent cough
- Suddenly sleepy, loss of consciousness / collapse
- Pale or floppy

If ANY ONE of these signs are there:

- (1) Lie child down & raise legs up (if difficulty in breathing allow to sit up)
- (2) Give the adrenaline auto-injector (do not wait and see)

Emerade^(R)

(3) Call 999 for ambulance and say ANAPHYLAXIS ("ana-fil-ax-is")

****If in doubt give the Adrenaline*****

After giving adrenaline:

- Stay with child until ambulance arrives, do **NOT** stand child up
- Start CPR if there are no signs of life
- If no improvement after 5 minutes, **give another adrenaline dose** using a 2nd device, if available

How to give Emerade®

Additional information



REMOVE NEEDLE SHIELD



PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Patient weight

kg

Plan prepared by:

Hosptial/Clinic:

Date:

Here are some reminders of things that you need to do after your hospital visit

(1) GIVE a copy of the allergy management plan (on the other side of this sheet) to the nursery / school / child minder
(2) MAKE SURE some of the anti-histamine allergy medicine (bottle of liquid or box of pills) is prescribed by a doctor and available at home and school It must be correctly labeled (child's name and dose) to be given in school
were told you / your child needs an <u>adrenaline device</u> : (1) You must have been TRAINED on how to use the adrenaline device in clinic
(2) You must take your recommendation prescription to your GP to get the adrenaling devices
(3) The dose of the adrenaline device must match the allergy management plan

(4) An adrenaline device must be given to the nursery / school / child minder

out-of-date and need to be replaced

(5) REGISTER your adrenaline device on-line and it will remind you when they are

For example - Emerade.co.uk or Epipen.co.uk

If you