



# Allergy Action Plan *(Severe with Asthma)*

This child has the following allergies:

Name: \_\_\_\_\_

DoB: \_\_\_\_\_

Photo

## 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)*

**Jext<sup>(R)</sup>**

(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 2<sup>nd</sup> device, if available

### 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:



### 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 AAI's in schools

Signature .....

Printed name .....

Date .....

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.**

### How to give Jext<sup>®</sup>



1  
Form fist around Jext<sup>®</sup> and PULL OFF YELLOW SAFETY CAP



2  
PLACE BLACK END against outer thigh (with or without clothing)



3  
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4  
REMOVE Jext<sup>®</sup>. Massage injection site for 10 seconds

### Additional information

Patient weight                      kg

Plan prepared by:

Date:

Hospital/Clinic:

## 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

If you were told you / your child needs an adrenaline device:

- (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 adrenaline 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
  
- (5) REGISTER your adrenaline device on-line and it will remind you when they are out-of-date and need to be replaced

*For example - [Emerade.co.uk](http://Emerade.co.uk) or [Epipen.co.uk](http://Epipen.co.uk)*