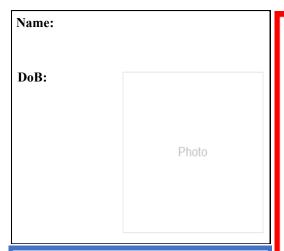


## Allergy Action Plan (Severe with Asthma)

## 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:







#### 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)

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

## How to give Jext®



Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



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



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



REMOVE Jext®.

Massage injection site for 10 seconds

Patient weight

kg

Plan prepared by:

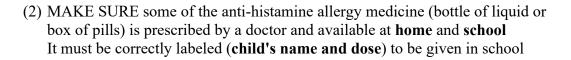
Hosptial/Clinic:

Date:

**Additional information** 

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

(1) GIV	√E a copy o	f the allergy	managemen	t plan (on the	other side of	of this sheet) to
the	nursery / sc	hool / child 1	minder			
	•					



If you 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 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 <u>or</u> Epipen.co.uk