

Allergy Action Plan

CHILD'S NAME _____

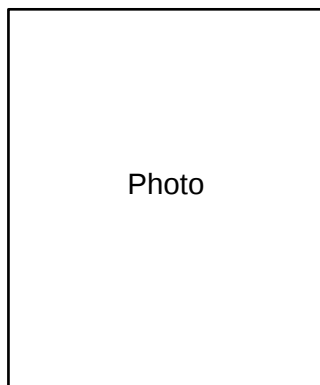
EARLY YEARS SETTING / SCHOOL _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

NHS Number (If known)

____ / ____ / ____



Photo

Emergency contact number

Alternative emergency number
if parent / guardian unavailable

CONSENT (must be completed)

- ☐ I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).
- ☐ I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.
- ☐ I will ensure that the above medication is kept in date and replaced if used.
- ☐ I consent for my child's action plan and photo to be displayed within EYS / school
- ☐ I consent to the use of the school's generic adrenaline auto injector if available (for those that already have an autoinjector prescribed)

Your name (Print)

Your signature

Please circle Parent /Guardian

Date _____

EMERGENCY TREATMENT

Name of prescribed adrenaline auto injector _____

How many adrenaline auto injectors prescribed for use in school? _____

Name of antihistamine (medicine for allergies) _____

(Refer to label for dosage instructions) _

Name of inhaler (if prescribed) _____

Mild/Moderate allergic reaction:

- Watery/Itchy eyes
- Localised itching/rash
- Runny nose/sneezing/coughing
- Abdominal pain/vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan. (If vomited can repeat dose).
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.
- Phone parent/emergency contact.



Watch for signs of ANAPHYLAXIS (Life-threatening allergic reaction)

Airway:

Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.

Breathing:

Difficult or noisy breathing, wheeze or persistent cough.

Consciousness:

Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. Lie child flat with legs raised. If breathing is difficult allow to sit.
2. Use adrenaline auto injector without delay
3. Dial 999 to request an ambulance* and say ANAPHYLAXIS (ANA-FIL-AX-IS)



*****If in doubt give adrenaline auto injector*****

After giving adrenaline auto injector

- 1 Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes