Allergy Action Plan

To be filled in by the parent/carer

Child's name

Date of birth DD MM YY

Address

Parent/carer's name

Telephone - mobile

Telephone - work

Email

Doctor's Surgery

Doctor's telephone

This form must be reviewed at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. All medicines should be prescribed by a medical professional, be in their original box/packaging with the prescriber's label detailing the child's name and dosage.

The child has the following allergies:

Type of autoinjector prescribed:

Additional instructions:

My child has a prescribed inhaler for asthma Yes ☐ No ☐

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue inhaler) via spacer, if one has been prescribed.

Mild/moderation reaction:

- Swollen lips, face or eyes
- Itchy/tingly mouth
- Mild throat tightness/burn/scratch
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Blocked/runny nose

Action to take:

- Stay with person, get help if needed
- Give antihistamine (if prescribed)
- If wheezy, give inhaler if prescribed
- Call for prescribed adrenaline autoinjectors (2)
- Contact parent/carer
- Closely monitor for 60 minutes to ensure improvement/worsening
- Think 999 or autoinjector

If a severe reaction, follow instructions in the red box opposite

Name of prescribed antihistamine	Dosage	Expiry Date

Parent consent: I give permission for school staff to administer the medicines listed on this plan.
This includes the use of the school's 'spare' autoinjector if needed. It is my responsibility to ensure medication is in date.

Parent/carer signature

Date

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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.