

Photo of child

My Health Care Plan

for allergic reactions

(to food, venom/stings, medicine)

I have an adrenaline autoinjector:

What could I have an allergic reaction to?

What is this plan for?

It tells me and others:

- What to do if I have an allergic reaction

Name:

D.o.b.:

School and class:

Emergency contact
(parent/carer):

Contact details for Key
Healthcare professionals
(e.g. GP, nurse, consultant)

1. Signs of a mild/moderate allergic reaction

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

Action to take: (delete/add as necessary)

- Stay with the child, call for help if necessary
- Administer anti-histamine:
Dose: ____ml
No more than one dose every ____

(If vomited, can repeat dose)

Phone emergency contact

2. Signs of Anaphylaxis (life threatening allergic reaction)

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

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

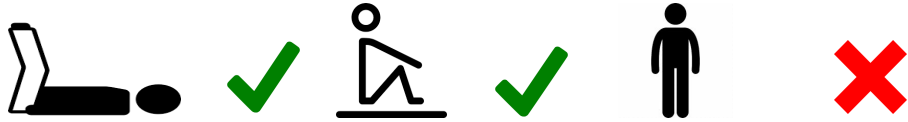
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

3. If any one or more signs of Anaphylaxis are present...

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



2. Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. Administer child's (in classroom) or "spare" back up adrenaline autoinjectors (in office) – follow Instructions found with autoinjector
- 4 Commence CPR if there are no signs of life
- 5 Stay with child until ambulance arrives, do NOT stand child up
- 6 Phone parent/emergency contact

If child has never used an adrenaline autoinjector, ask 999 to authorize administration of spare. However, if in doubt and life is at risk, do not wait - administer the adrenaline. (differs to policy)

If I go on a trip, the trip leader will ensure I have all the medication and care I need, including my adrenaline autoinjector, if I have one. They will plan this using **the trip risk assessment form**.

Any other support (including support for Mental and emotional well-being)

Any other information or health care needs

Plan created and agreed by: **Parents/Carers (P/C)**

In addition to this plan, I agree to the use of the school's spare adrenaline autoinjector in an emergency if my child's is not present or they do not have one. Yes: No:
I'm happy for this plan to be shared with all adults who work with my child: Yes: No:

P/C 1:

P/C 2:

On behalf of school staff

(To be reviewed annually)