

## Allergy Action Plan

CHILD'S NAME \_\_\_\_\_

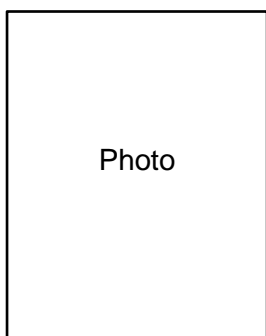
ESTABLISHMENT \_\_\_\_\_

HAS THE FOLLOWING ALLERGIES: \_\_\_\_\_

### Child's date of birth

NHS Number (If known)

\_\_\_ / \_\_\_ / \_\_\_



Emergency contact number

\_\_\_\_\_

Alternative emergency number  
If parent / guardian unavailable

\_\_\_\_\_

**CONSENT** 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.

Your name (Print)

\_\_\_\_\_

Your signature

\_\_\_\_\_

Please circle Parent / Carer.

Date \_\_\_\_\_

### EMERGENCY TREATMENT

Name of adrenaline auto injector \_\_\_\_\_

How many adrenaline auto injector been 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:

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

#### Action:

- Stay with the child, call for help if necessary
- Give antihistamine
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



### Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

- |                       |   |
|-----------------------|---|
| <b>Airway:</b>        | Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.     |
| <b>Breathing:</b>     | difficult or noisy breathing, wheeze or persistent cough.                     |
| <b>Consciousness:</b> | Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious |

#### If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Give adrenaline auto injector.**
3. **Dial 999 for 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; contact parent / carer
  2. If no improvement after 5 minutes, give a further adrenaline auto injector (if available for that child).
  3. If there are no signs of life, commence CPR
- \*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.

#### **Additional instructions**

If feeling faint, lie the child down with legs raised.  
If unconscious place child in the recovery position

**Allergy action plan will be reviewed on notification of any changes**