

# EDGBARROW SCHOOL ALLERGY ACTION PLAN



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

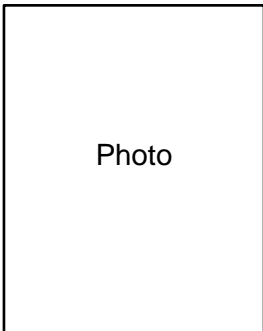
TUTOR GROUP \_\_\_\_\_

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

## Child's date of birth

NHS Number (If known)

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



Photo

Emergency contact number

\_\_\_\_\_

Alternative emergency number  
If parent / guardian unavailable

\_\_\_\_\_

## PARENTAL CONSENTS

(tick boxes)

I consent to the administration of the prescribed emergency treatment by members of staff in school. I will notify school if there are any changes to my child's medication and personal details above. I will ensure the above medication is kept in date and replaced if used.

I consent to school staff administering the spare emergency adrenaline auto injector (if available) should my child's personal one be unavailable.

I consent for this plan to be on display in school and I will notify the school of any changes for review.

Signature of 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):**

**Airway:**

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

**Breathing:**

difficult or noisy breathing, wheeze or persistent cough.

**Consciousness:**

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