## BSACI ALLERGY ACTION PLAN CONTINUES OF THE SAME AND ALLERGY ACTION PLAN CONTINUES OF THE SAME AND ADDRESS OF THE SAME ADDRESS OF THE S

anaphylaxis UK

## This child has the following allergies:

Name:		• Watch for sig	gns of ANAP	HYLAXIS
		(life-threatening aller		
DOB:		Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has <b>SUDDEN BREATHING DIFFICULTY</b>		
		<b>A</b> AIRWAY	<b>B</b> BREATHING	C CONSCIOUSNESS
	Photo	<ul> <li>Persistent cough</li> <li>Hoarse voice</li> <li>Difficulty swallowing</li> <li>Swollen tongue</li> </ul>	<ul> <li>Difficult or noisy breathing</li> <li>Wheeze or persistent cough</li> </ul>	<ul> <li>Persistent dizziness</li> <li>Pale or floppy</li> <li>Suddenly sleepy</li> <li>Collapse/unconscious</li> </ul>
		IF ANY ONE (OR MOR	E) OF THESE SIGNS A	BOVE ARE PRESENT:
		1 Lie child flat with legs	<b>raised</b> (if breathing is diffic	ult, allow child to sit)
	- downto was otioned			
	noderate reaction: ps, face or eyes		or ambulance and say ANA	PHYLAXIS ("ANA-FIL-AX-IS")
<ul> <li>Itchy/tingling mouth</li> <li>Hives or itchy skin rash</li> </ul>		In a school with "spare" back-up adrenaline autoinjectors, <b>ADMINISTER</b> the SPARE AUTOINJECTOR if available		
<ul> <li>Abdominal pain or vomiting</li> <li>Sudden change in behaviour</li> </ul>		4 Commence CPR if there are no signs of life		
		5 Stay with child until ambulance arrives, do <u>NOT</u> stand child up		
Action to take: • Stay with the child, call for help		6 Phone parent/emergency contact		
if necessaı • Locate adr	ry renaline autoinjector(s)	*** IF IN DOUBT, GIVE	ADRENALINE ***	
Give antihistamine:     (If vomited, can repeat dose)     Phone parent/emergency contact		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. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: <b>sparepensinschools.uk</b>		
1) Name:	y contact details:	Additional instruction	IS:	
<b>2)</b> Name:				
			Departiens is far shildren ar	d wound needs with wild feed
<b>Parental consent:</b> I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.				
Signed:		For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at <b>guidance.nice.org.uk/CG116</b>		
Print name:		This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school off in a more concern.		
	tion about managing	staff in an emergency. This plan has been prepared		
For more informat anaphylaxis in scl	tion about managing hools and "spare"			
back-up adrenaline autoinjectors, visit:		Hospital/Clinic:		••••••

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..... Date: .....

sparepensinschools.uk