

Name:	(a potentially life-threate	ening allergic reaction)	
DOB:	Anaphylaxis may occur with someone with known food a	allergy who has <mark>SUDDEN DI</mark>	FFICULTY IN BREATHING
	A AIRWAY  • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	<ul> <li>BREATHING</li> <li>Difficult or noisy breathing</li> <li>Wheeze or persistent cough</li> </ul>	C CONSCIOUSNESS • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
	IF ANY ONE (OR MOI	RE) OF THESE SIGNS	ABOVE ARE PRESENT:
		(if breathing is difficult, allo	
• Swollen lips, face or eyes	• ~ ~	×	
<ul> <li>Itchy/tingling mouth</li> <li>Mild throat tightness</li> </ul>	<b>2</b> Use Adrenaline autoinjector without delay (eg. EpiPen <sup>®</sup> ) (Dose: mg)		
Hives or itchy skin rash	<ul> <li>3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")</li> <li>*** IF IN DOUBT, GIVE ADRENALINE ***</li> <li>AFTER GIVING ADRENALINE <ul> <li>Stay with child/young person until ambulance arrives, do <u>NOT</u> stand them up. Keep them lying down, even if things seem to be getting better.</li> <li>Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.</li> <li>If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.</li> </ul> </li> <li>Dommence CPR if there are no signs of life</li> <li>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.</li> </ul>		
<ul> <li>Abdominal pain or vomiting</li> <li>Sudden change in behaviour</li> </ul>			
Action to take: • Stay with person, call for help if needed • Locate adrenaline autoinjector(s) • Give antihistamine: (If vomited, can repeat dose) • Phone parent/emergency contact • Do not take a shower to help with itchy skin, this can worsen the reaction			
Emergency contact details:	How to give EpiPen®	Additio	nal instructions:
1) <sub>Name:</sub>	Remember: "b	E SAFETY CAP ADRENALI en. (e.g. blue j lue to sky,	due to an allergic reaction, GIVE NE FIRST and then asthma reliever puffer) via spacer, if prescribed
2) <sub>Name:</sub>	ORANGE END a outer thigh "w or without clot	against mid- ith	
<b>Parental consent:</b> I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.	BUSH DOWN H click is heard o		

Print	
name:	This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel,
Date:	adrenaline auto-injector devices must be carried in hand-luggage or on the person, and <b>NOT</b> in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:
Consent is required for children under 16 years (and for young people over 16 unable to give consent	Sign & print name:

**S** 

Date:

hold in place for **3 seconds**.

Remove EpiPen.

Hospital/Clinic:

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

themselves) except in an unforeseen emergency

Signed:

Print

name: