

Name:		(a potentially li	or signs of fe-threatening alle	ergic reaction)	
DOB:					consider anaphylaxis in FICULTY IN BREATHING
		A AIRWAY	B BF	REATHING	
		<ul> <li>Persistent</li> <li>Hoarse voi</li> <li>Difficulty s</li> <li>Swollen to</li> </ul>	ce k wallowing • \	Difficult or noisy oreathing Wheeze or oersistent cough	<ul> <li>Persistent dizziness</li> <li>Pale or floppy</li> <li>Suddenly sleepy</li> <li>Collapse/unconscious</li> </ul>
		IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT: 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)			
Mild/moderate reaction: Swollen lips, face or eyes		•~~	· .	<pre>/ Ix</pre>	
<ul><li>Itchy/tingling mouth</li><li>Mild throat tightness</li></ul>		<b>2</b> Use Adrenaline autoinjector <u>without delay</u> (eg. JEXT <sup>®</sup> ) (Dose: mg)			
<ul> <li>Hives or itchy skin rash</li> <li>Abdominal pain or vomiting</li> </ul>		<b>3</b> Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")			
<ul> <li>Sudden change in behaviour</li> </ul>		*** IF IN DOUBT, GIVE ADRENALINE ***			
Action to take: • Stay with person, call for help if needed • Locate adrenaline autoinjector(s) • Give antihistamine:		<ul> <li>AFTER GIVING ADRENALINE:</li> <li>1. Stay with child/young person until ambulance arrives, do NOT stand them up. Keep them lying down, even if things seem to be getting better.</li> <li>2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.</li> <li>3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.</li> </ul>			
<ul><li>(If vomited, can repeat dose)</li><li>Phone parent/emergency contact</li></ul>		Commence CPR if there are no signs of life			
• Do not take a shower to help with itchy skin, this can worsen the reaction		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.			
Emergency contact details:		How to give JE	(T®	Additior	nal instructions:
1) <sub>Name:</sub>		Form fist around Jext* and PULL OFF YELLOW	PLACE BLACK END against outer thigh (with or without	ADRENALIN	ue to an allergic reaction, GIVE E FIRST and then asthma reliever uffer) via spacer, if prescribed.
		SAFETY CAP	clothing)		
<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.		3 ala			
		PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds	REMOVE Jext <sup>®</sup> . Massage injection site for 10 seconds		
Print		This is a medical document to be completed by a healthcare professional. It must not be altered without their			

Sign & print name:

Hospital/Clinic:

permission. This document to be completed by a fleatificate professional. It must not be affeted 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, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:** 

.....

Date:

Date: ..... Consent is required for children under 16 years

.....

(and for young people over 16 unable to give consent themselves) except in an unforeseen emergency For more information about managing anaphylaxis

in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk