

## Allergy Action Plan

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

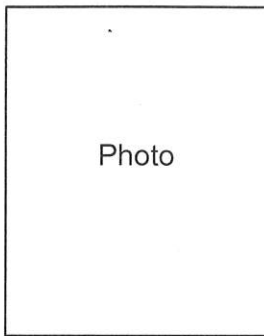
EARLY YEARS SETTING (EYS) / SCHOOL \_\_\_\_\_

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

### Child's date of birth

NHS Number (If known)

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



Photo

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.

I consent for my child's action plan and photo to be displayed within EYS / school

Your name (Print)

\_\_\_\_\_

Your signature

\_\_\_\_\_

Please circle Parent /Guardian

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 according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- 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 / becoming 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. **Use adrenaline auto injector without delay**
3. **Dial 999 to request 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 until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose of adrenaline auto injector** (if available)

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin

Allergy action plan will be reviewed on notification of any changes  
School Nursing Subgroup V5 June 2018