Allergy Action Plan

**CHILD’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EARLY YEARS SETTING / SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Child’s date of birth**

NHS Number (If known)

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

**Emergency contact number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternative emergency number**

**If parent / guardian unavailable**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photo

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.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Additional instructions**  If feeling faint, lie the child down with legs raised.  If unconscious place child in the recovery position |

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| **Allergy action plan will be reviewed on notification of any changes** |