

Individual Emergency Allergy/Anaphylaxis Care Plan

Students Name			Date of Birth		
Parent/Guardian Name	Mobile Number		Relationship		
Parent/Guardian Name	Mobile Number		Relationship		
Emergency Contact	Mobile Number		Relationship		
Allergy Details i.e. foods, medication, stings, animals, latex etc. Please attach doctor's prescription and medical report stating allergens and degree of reaction					
Does your child suffer with asthma?					Yes / No
My child is allergic to:	Date/Age		Diagnosed	Mild/Moderate/ Severe Reaction	
Additional Information: (signs and symptoms of reaction, last allergic response, care needs during and after reaction, etc.) School held medication/information (please attach doctor's prescription and medical report)					
Parents need to supply additional supplies of medication for the school clinic in the event of emergency and loss of hand-held medication (if prescribed). No student should be carrying medication without the prior knowledge of the school nurse. Students' antihistamines, inhalers and EpiPen® will be stored in the clinic in an accessible place to be used in emergencies only. It is the parents' responsibility to update the school nurse with any medical details and healthcare requirements during the school year.					
Should suffer an allergic reaction with no school nurse present, I give permission for any of the adults working with them to administer the EpiPen® provided. This will be done in their capacity as a responsible adult rather than a qualified medical practitioner. First aiders will have been given instruction by the school nurse prior to any trip/activities. After using the EpiPen® we understand that our child will immediately be referred to the hospital emergency department for assessment and we will be informed directly of this.					
Parents Full Name (please print)	<u>Parent</u>	's Signature		<u>Date</u>	
Nurses Full Name (please print)	Nurse's	s Signature		Date	

Anaphylaxis

- A severe and sudden allergic reaction that is potentially life-threatening and always requires an emergency response.
- It can occur when a susceptible person is exposed to an allergen (such as in food or insect sting).
- Reactions usually begin within seconds to minutes of exposure and can progress rapidly over a period of up to two hours or more.

EpiPen

- Is an auto-injector device containing a single measured dose of adrenaline (also known as epinephrine)
- Used in cases of severe allergic reaction, such as anaphylaxis.
- > EpiPen Jr^{*} is available and contains half the standard dose of adrenalin for children under 30kg.
- > The EpiPen[®] is designed to be used easily by people without medical training (manufacturers' statement).
- Not giving the EpiPen® can do more harm than giving it when it may not have been necessary.

Mild to moderate allergic reaction

- Swelling/itching to lips, face, eyes
- 'Tingling' around mouth
- Hives or welts
- Abdominal pain
- Vomiting
- Diarrhoea

Action

- Stay with child and call for help school nurse if on site
- Rinse area with water if appropriate
- Administer medication as prescribed
- Contact parent/carer
- Reassure and support student at all times

Watch for signs of anaphylaxis



Anaphylaxis (severe allergic reaction)

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (young children)

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Action

- Lay student flat and raise legs (if breathing difficult, allow to sit but do not stand)
- Give the EpiPen®/ EpiPen Jr® as prescribed
- Dial 999 for an ambulance
- Say "this is an emergency case of anaphylaxis"
- Contact parent/carer
- If student has not improved in 5 to 10 minutes, give second EpiPen® if prescribed or indicated by licensed medical person present
- Be prepared to commence CPR
- Staff member to accompany student in ambulance if parent/carer not present
- Student will need close monitoring for 24 hours
- The use of EpiPen® must be recorded on medication administration sheet with time, full name and signature of giver

