

Wilmslow High School

Allergy Action Plan



Photo
of
Student

This child has the following allergies
.....

Emerade

Student's name	Date of birth	Tutor group
Student's address		Post code
Emergency contact numbers		
Name	Relationship to student	Telephone Number

In the event of a mild-moderate allergic reaction:

- Swollen lips, face or eyes • Itchy / tingling mouth • Hives or itchy skin rash
- Abdominal pain or vomiting • Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- **Give antihistamine:** *state drug and dose* _____
- (if vomited, can repeat dose)
- Contact parent/carer

Watch for signs of anaphylaxis

AIRWAY: Persistent cough, hoarse voice, difficulty 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 are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. **Give Jext** *Dose prescribed* **150 mcg** **300mcg** *delete as appropriate*
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
4. **If in doubt, give Jext**
5. Stay with child, contact parent/carer
6. If no improvement after 5 minutes, give further Jext
7. Commence CPR if there are no signs of life

*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.

Emerade

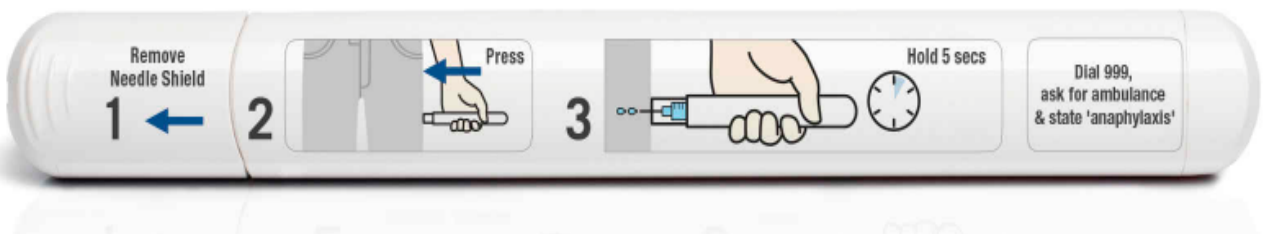
PARENTAL CONSENT

I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed (Parent/Carer)

Print name:.....

Date:.....



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If **ANY ONE** of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. **Give Emerade** *Dose prescribed* **150 mcg** **300mcg** *delete as appropriate*
3. Dial 999 for an ambulance* and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)
4. **If in doubt, give Emerade**
5. Stay with child, contact parent/carer
6. If no improvement after 5 minutes, give further Emerade
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