

Individual Anaphylaxis Management Plan

<p>This plan is to be completed by the principal or delegate on the basis of the information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent. It is the responsibility of the parent to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency response plan (signed by the medical practitioner) and an up-to-date photo of the student (to be appended to this plan) and to inform the school if the child's medical condition changes.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to			
Other health conditions			
Medication at school			
Emergency contact details (Parent/carer)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Emergency Contact Details (Alternative)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner Name		Phone	
Emergency Care to be provided at school			
Storage location for autoinjector device			

Environment			
<p>To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, eg classrooms, school yards, specialist teaching areas, excursions, camps, etc.</p>			
Name of environment/area:			
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?

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ACTION PLAN FOR Anaphylaxis

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.
 Date: _____

Signed: _____

Date: _____

How to give EpiPen® adrenaline (epinephrine) autoinjectors

- Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
- PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If In doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.