



Anaphylaxis & Allergy Emergency Plan

Plan Date

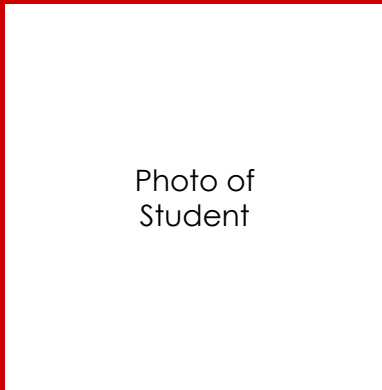


Photo of Student

Student Name	<input type="text"/>
Date of Birth	<input type="text"/>
Emergency Contacts & Phone Numbers	<input type="text"/>
Ph:	<input type="text"/>
<input type="text"/>	<input type="text"/>
Ph:	<input type="text"/>

My Child is allergic to:

For each allergen please provide specific information (eg: peanuts – even small quantities)

Describe your child's most recent symptoms and date of reaction to the allergen (eg: anaphylaxis, hives, hay fever...)

<input type="checkbox"/> Peanuts	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Milk	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Eggs	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bee Stings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Insect Stings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Fish/ Shellfish	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Wheat Products	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Soy Products	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Latex	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Band-aids	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medication – please specify	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other – please specify	<input type="text"/>	<input type="text"/>

List strategies that would minimise the risk of exposure to know allergens

Will your child be carrying their own Epipen, Anapen or medication treatment? Yes No

Staff are trained in Anaphylaxis emergency care as authorised in this Care Plan (please refer to the reverse for standard Action Plan for Anaphylaxis). If your child's plan varies from this as recommended by ASCIA please write down anything different your child might need if they suffer an allergic reaction

Name of Doctor:

Contact Number:

Signature:

Parent/ Guardian

I approve the release of this information to staff and emergency personnel. I will notify the College in writing if there are any changes to these instructions. I understand the College will seek emergency medical help if needed and that I am responsible for payment of any emergency medical costs

Name:

Signature:

ACTION PLAN FOR

Anaphylaxis



MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain vomiting

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with the person and call for help
- Give medication:
- Dose:
- Locate EpiPen / Anapen
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- Lay the person flat, do not stand or walk. If breathing is difficult allow to sit
- Give EpiPen or Anapen
- Phone ambulance - 000
- Contact family/emergency contact
- Further adrenaline doses may be given if no response after 5 minutes (College EpiPen is available at Student Services)

If in doubt give another EpiPen

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis

Additional Information:

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

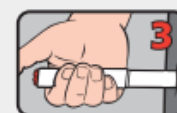
How to give Anapen®



PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.