

# Individual Anaphylaxis Management Plan

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), 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.

<b>School</b>	<b>Phone</b>
<b>Student</b>	
<b>DOB</b>	<b>Year level</b>
<b>Severely allergic to</b>	
<b>Other health conditions</b>	
<b>Medication at school</b>	

## Emergency contact details (Parent/carer)

<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Home phone</b>	<b>Home phone</b>
<b>Work phone</b>	<b>Work phone</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Address</b>	<b>Address</b>

## Emergency Contact Details (Alternative)

<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Home phone</b>	<b>Home phone</b>
<b>Work phone</b>	<b>Work phone</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Address</b>	<b>Address</b>
<b>Medical practitioner name</b>	<b>Phone</b>
<b>Emergency care to be provided at school</b>	
<b>Storage location for autoinjector device</b>	

## Environment

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, e.g. classrooms, school yards, specialist teaching areas, excursions, camps, etc.

Name of environment/area:			
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
Name of environment			
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Name: \_\_\_\_\_ For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

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

**1** Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

**2** Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

**3** 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.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.