



St Albans School Anaphylaxis Action Plan:

Name D.O.B

Has a severe Allergy to

If shows any sign of an anaphylactic reaction (**see symptoms below**) then his prescribed **Adrenaline auto inector 0.3mg** /other dose..... (*change dose as appropriate*) should be administered.

The emergency services should be called: **Tel: 999** and the operator should be told that the pupil is suffering from: **ANAPHYLAXIS**

Piriton elixir 4mg / other dose..... (*change dose as appropriate*) should then be given.

.....suffers from asthma and should be given **10 puffs** of his **Salbutamol**

Inhaler

(*delete if not applicable*)

.....is prescribed soluble oral **Prednisolone 40mg** and this should be given whilst waiting for the ambulance.

(*delete if not applicable*)

After 5 minutes, if there is no improvement or the casualty's condition has worsened then a second **Adrenaline auto injector** should be given

***Signs and symptoms:** * An anaphylactic reaction may manifest itself as any of the following

Difficulty breathing	Swelling of lips, tongue or eyelids
Nausea	Clammy skin
Vomiting	Anxiety or feeling of impending doom
Abdominal pain	Faintness
Diarrhoea	Abnormal drowsiness
Pallor	Loss of consciousness
Rash	

Parents and pupils are responsible for ensuring that the child's prescription adrenaline auto injectors and inhalers are in date and that 2 Adrenaline auto injectors are carried by the pupil at all times.

Parents /Guardian signature.....

Date.....