

Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	
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Storage location for adrenaline autoinjector (device specific) (EpiPen® or Anapen®)	
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ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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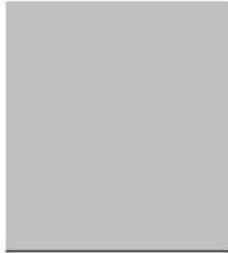
One of the following completed ASCIA Action Plans:

	ACTION PLAN FOR Anaphylaxis	
For use with EpiPen® adrenaline (epinephrine) autoinjectors		
Name: _____	SIGNS OF MILD TO MODERATE ALLERGIC REACTION	
Date of birth: _____	<ul style="list-style-type: none">• Swelling of lips, face, eyes• Tingling mouth• Hives or welts• Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy	
	ACTION FOR MILD TO MODERATE ALLERGIC REACTION	
Confirmed allergens: _____	<ul style="list-style-type: none">• For insect allergy - flick out sting if visible• For tick allergy <input type="checkbox"/> seek medical help or <input type="checkbox"/> freeze tick and let it drop off• Stay with person, call for help and locate adrenaline autoinjector• Give antihistamine (if prescribed) _____• Phone family/emergency contact	
Family/emergency contact name(s):	Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis	
1. _____	WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)	
Mobile Ph: _____	<ul style="list-style-type: none">• Difficult or noisy breathing• Difficulty talking or hoarse voice• Swelling of tongue• Persistent dizziness or collapse• Swelling or tightness in throat• Pale and floppy (young children)• Wheeze or persistent cough	
2. _____	ACTION FOR ANAPHYLAXIS	
Mobile Ph: _____	<ul style="list-style-type: none">1 LAY PERSON FLAT - do NOT allow them to stand or walk• If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below• If breathing is difficult allow them to sit with legs outstretched• Hold young children flat, not upright	
Plan prepared by doctor or nurse practitioner (np): _____		
<p>The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.</p>	<ul style="list-style-type: none">2 GIVE ADRENALINE AUTOINJECTOR3 Phone ambulance - 000 (AU) or 111 (NZ)4 Phone family/emergency contact5 Further adrenaline may be given if no response after 5 minutes6 Transfer person to hospital for at least 4 hours of observation	
<p>Whilst this plan does not expire, review is recommended by DD/MM/YY</p>	IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR Commence CPR at any time if person is unresponsive and not breathing normally	
Signed: _____	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: <input type="checkbox"/> Y <input type="checkbox"/> N	
Date: _____	<p>Note: 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.</p>	
How to give EpiPen® EpiPen® is prescribed as follows: • EpiPen® Jr (150 mcg) for children 7.5-20kg • EpiPen® (300 mcg) for children over 20kg and adults	© ASCIA 2021. 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.	

OR

Name: _____ For use with **Anapen®** adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

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

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

How to give Anapen®

1 PULL OFF BLACK NEEDLE SHIELD

2 PULL OFF GREY SAFETY CAP from red button

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

4 PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

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, call for help and locate adrenaline autoinjector
- Give antihistamine (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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright
 - GIVE ADRENALINE AUTOINJECTOR**
 - Phone ambulance - 000 (AU) or 111 (NZ)**
 - Phone family/emergency contact**
 - Further adrenaline may be given if no response after 5 minutes**
 - 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

Note: 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 2022 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.

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	