

Anaphylaxis (severe allergy) care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicAlert Number (if relevant) _____ Date for next review _____

Description of the condition

Possible observable signs and symptoms:

- | | | |
|---|---|--|
| <input type="checkbox"/> Presence of known allergen | <input type="checkbox"/> Repeated vomiting | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Swelling of lips, face or body | <input type="checkbox"/> Difficulty talking | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Generalised skin rash | <input type="checkbox"/> Cough | <input type="checkbox"/> Difficulty with noisy breathing (wheeze or stridor) |

Known and suspected triggers: _____

First aid

If a child/student/client shows any of the above observable signs and symptoms, staff will administer first aid in accordance with Basic Emergency Life Support and including, as relevant, administration of prescribed adrenalin via EpiPen® or EpiPen® Jr as described on page 2 of this plan.

If you anticipate this person will require anything other than this standard first aid response, please provide detailed written recommendations. Staff will use this plan to discuss with families how support can be provided in line with the capacities of their service.

Additional information attached to this care plan

- Medication authority (if medication is other than the adrenalin via EpiPen® or EpiPen® Jr as described on page 2 of this plan)
- Individual first aid plan (Australasian Society of Clinical Immunology and Allergy [ASCIA] Action Plan)
- General information about this person's condition
- Other (please specify) _____

This plan has been developed for the following services/settings: *

- | | |
|--|--|
| <input type="checkbox"/> School/education | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care | <input type="checkbox"/> Work |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) |

AUTHORISATION AND RELEASE

Health professional _____ Professional role _____

Address _____

Telephone _____

Signature _____ Date _____

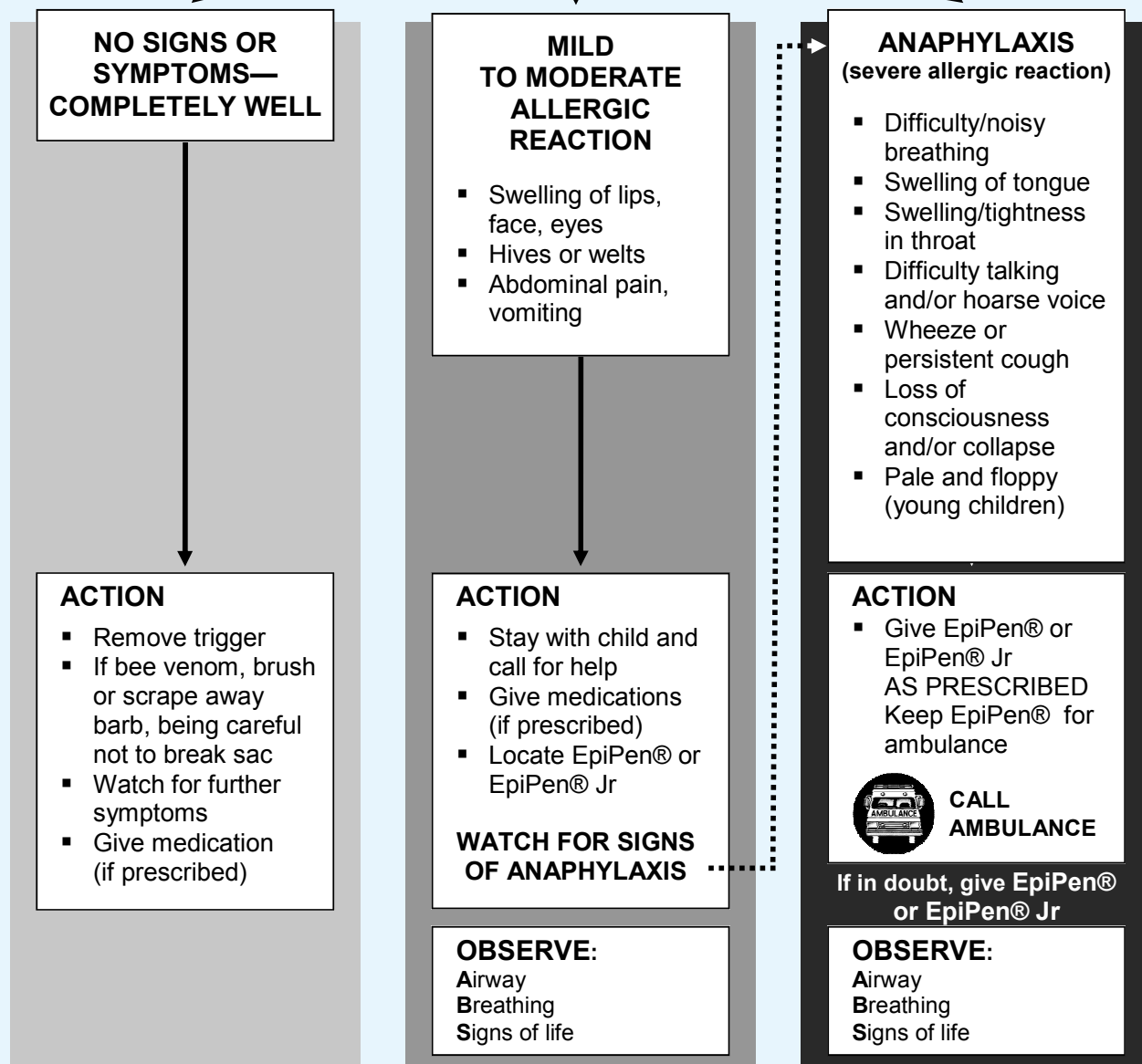
***I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to supervising staff and emergency medical personnel.***

Parent/guardian or adult student/client _____ Signature _____ Date _____
Family name (please print) First name (please print)

Anaphylaxis (severe allergy)

Exposure or suspected exposure to trigger

Are the following signs or symptoms present?



How to give EpiPen® or EpiPen® Jr



1 Form fist around EpiPen® and pull off grey cap.



2 Place black end against outer mid-thigh. Support the child.



3 Push down HARD until a click is heard or felt and hold in place for 10 seconds.



4 Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.



TO CALL AMBULANCE: Dial out, then 000 or mobile 112
Say what state you are calling from, the person's condition and location



INFORM EMERGENCY CONTACTS in accordance with DECS guidelines