

PHOTO



# Allergy Action Plan (Severe with Asthma)

NAME:

DOB:

KNOWN ALLERGIES:

NEXT OF KIN:

CONTACT DETAILS:

DOCTOR/NURSE:

CONTACT DETAILS:

## Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or rash
- Abdominal pain, vomiting



## ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine.....
- .....mg (.....ml)
- Give Salbutamol.....puffs, via spacer
- Contact parent/carer



## Watch for signs of ANAPHYLAXIS:

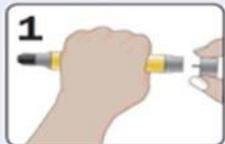
- Difficult/noisy breathing
- Throat tightness
- Hoarse voice/alterd cry
- Wheeze/cough
- Loss of consciousness/collapse
- Pale/floppy



## If any of these symptoms occur:

- Give EpiPen.....mg
- Lie the child down and raise legs
- Call 999 immediately & say  
"ANAPHYLAXIS"  
("ANA-FIL-AX-IS")
- Stay with the child
- If they have not improved in 10 min:
- REPEAT EPIPEN injection
- REPEAT SALBUTAMOL.....puffs  
via spacer

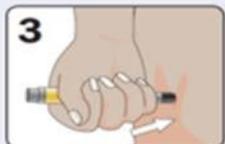
## How to give EpiPen® or EpiPen® Jr



1 Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



2 PLACE BLACK 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 10 seconds.



4 REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.