

## Appendix 8

**Anaphylaxis information****ALLERGY TO:**

Dose: Epinephrine Auto – injector 0.3 mg (adrenaline) EpiPen

- When:**
- |    |                       |  |
|----|-----------------------|--|
| A. | Airway Obstructed     | <ul style="list-style-type: none"> <li>- hoarseness</li> <li>- wheezing</li> <li>- swollen lips/tongue</li> <li>- itching sensation in throat</li> </ul> |
|    | and or                |  |
| B. | Breathing Irregularly | <ul style="list-style-type: none"> <li>- breathlessness</li> <li>- noisy breathing</li> <li>- unable to communicate verbally</li> </ul>                  |
|    | and or                |  |
| C. | Circulation Impaired  | <ul style="list-style-type: none"> <li>- breathlessness</li> <li>- rapid or weak pulse</li> <li>- maybe blue around the mouth</li> </ul>                 |

**Once Anaphylactic Shock identified give EPIPEN injection IMMEDIATELY**

**Where:** Into thigh  
May be given through school trousers,  
skirt and tights.

- How:**
1. Pull off grey safety cap
  2. Place back tip on thigh at right angle to leg
  3. Press hard into thigh until mechanism functions
  4. Hold in place for ten seconds and discard safely in emergency box
  5. Dial **112** and call an ambulance stating that child has collapsed with Anaphylactic shock – if not already alerted by another person earlier.
  6. STAY WITH CHILD – ensure airway is clear
  7. Place in **shock position; body and head on ground, legs raised**
  8. If no improvement after ten minutes repeat with second injection
  9. Bring child into hospital by ambulance with the emergency box and used contents

\* Check expiry date of EPIPEN and contact family for replacement. Family will collect prescription from GP.

**Important Contact Details:**

Name of child :                      Date of Birth :

1st Contact number :                      :

2nd Contact number :                      :

Home number :                      Work

number :                      :