



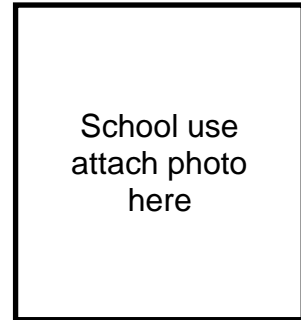
BROOK INFANT SCHOOL  
AND NURSERY

**Medicines Form 6 : Individual protocol for an  
JEXT adrenaline auto injector**

CHILD'S NAME.....

D.O.B. ....

Class .....



Nature of Allergy:

.....

Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

**GP**

Name:

Phone No:

Address:

**Clinic/ Hospital Contact**

Name:

Phone No:

Address:

**MEDICATION JEXT**

Name on JEXT & expiry date:

.....

- It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School

Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education.
- I give my consent for the school to administer my child’s Jext pen or the school held adrenaline auto-injector (if my child’s pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.

Signed:.....Print name.....

Date.....

*I am the person with parental responsibility*

**Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)**

**Symptoms may include:**

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

**Give JEXT pen first  
Then call 999  
Administer in the upper  
thigh**

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.

**Hold in JEXT Pen in place for 10 seconds.**

Can be given through clothing, but not very thick clothing

Note time of injection given

**If no improvement give  
2<sup>nd</sup> JEXT Pen  
5 minutes later**

**Stay Calm**

Reassure .....

**One member of staff  
to Dial 999**

**REMEMBER**

**A = AIRWAY  
B = BREATHING  
C = CIRCULATION**

**Call Parents**

Reassure

.....

**Telephoning for an ambulance**

**You need to say:** "I have a child in anaphylactic shock".

**Give school details: Brook Infant School, Salterns Road, Maidenbower, Crawley,  
West Sussex, RH10 7JE**

**Telephone: 01293 882856 (press 3 for the office)**

**Give details:** Child's name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY  
INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.

