



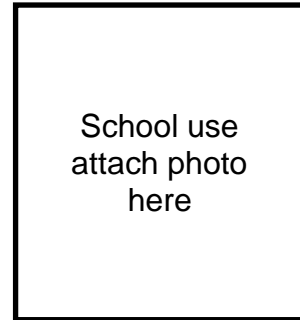
BROOK INFANT SCHOOL
AND NURSERY

**Medicines Form 5 : Individual protocol for an
adrenaline auto injector**

CHILD'S NAME.....

D.O.B.

Class



Nature of Allergy (Please include type of allergy, expected reaction when the allergy was first noticed, any relevant history):

.....
.....
.....
.....

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

Name on AUTO INJECTOR & Expiry date:

.....
.....

- It is the parents responsibility to supply 2 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 that your child does not eat any food items unless they have been prepared / approved by parents.
- Parents need to ensure that they have set up special diet plans with Chartwells to ensure that food served at lunch is suitable for their child.
- 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 auto injector 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
- I confirm I am the person with parental responsibility.

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

Date.....

Individual protocol for using an Adrenaline Auto injector

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 AUTO INJECTOR
first**

then dial 999

**Administer Auto injector
in the upper outer thigh**

Remove grey safety cap
Hold auto injector with black tip
downwards against thigh
jab firmly.

**Hold auto injector in place
for 10 seconds**

Can be given through clothing,
but not very thick clothing.

Note time of injection given

**If no improvement give
2nd AUTO INJECTOR 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 886521 (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