

FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: DOB: Year: Form: Teacher:

Section A – Student Health Care Planning – To be completed by parent/carer (Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).
Peanuts	<input type="checkbox"/>		
Tree Nuts	<input type="checkbox"/>		
Milk	<input type="checkbox"/>		
Eggs	<input type="checkbox"/>		
Soy Products	<input type="checkbox"/>		
Wheat Products	<input type="checkbox"/>		
Shellfish	<input type="checkbox"/>		
Fish	<input type="checkbox"/>		
Insect Stings or Bites (Please specify insect(s) if known)	<input type="checkbox"/>		
Medication (Please specify medicine(s) if known)	<input type="checkbox"/>		
Other/Unknown(Please specify food(s) if known)	<input type="checkbox"/>		

Section B – Daily Management

List strategies that would minimise the risk of exposure to known allergens.

Section C – Medication Instructions

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration Tick appropriate box	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section D – Emergency Response – As per anaphylaxis (ASCI) action plan attached (This must be completed by your child's medical practitioner). If unavailable go to <http://www.allergy.org.au/content/view/10/3/> for Anaphylaxis Emergency Plans and Management Forms.

Section E – Authority to Act

This severe allergy/anaphylaxis management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Carer: Date:	Medical Practitioner Name and Medical Practice Medical Practitioners Signature: Provider Number: Date:	Review Date:
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When completed, please attach the Student Health Care Summary to the front of this document.

FORM 4 PAGE 1 OF 2

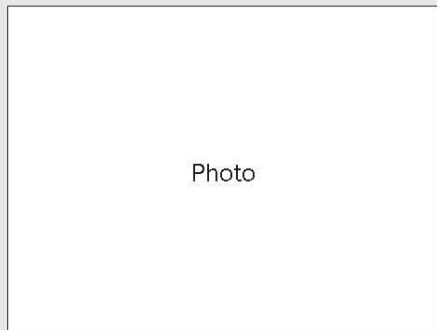
Name:	DOB:	Year:	Form:	Teacher:
Office Use Only				
Date received:		Date uploaded on SIS:		
Is specific staff training required?				
Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of training:		
Training service provider:				
Name of person/s to be trained:		Date of training:		
FORM 4 PAGE 2 OF 2				

ACTION PLAN FOR Anaphylaxis

for use with Anapen® or Anapen® Jr adrenaline autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr _____

Signed _____

Date _____

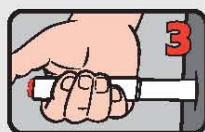
How to give Anapen® or Anapen® Jr



1
PULL OFF BLACK
NEEDLE SHIELD.



2
PULL OFF GREY SAFETY
CAP from red button.



3
PLACE NEEDLE END
FIRMLY against outer
mid-thigh at 90° angle
(with or without
clothing).



4
10 seconds
PRESS RED BUTTON
so it clicks and hold
for 10 seconds.
REMOVE Anapen® and
DO NOT touch needle.
Massage injection site
for 10 seconds.

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MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks**
- Stay with person and call for help
- Give medications (if prescribed)
dose:
- Locate Anapen® or Anapen® Jr
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit**
- 2 Give Anapen® or Anapen® Jr**
- 3 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Contact family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give Anapen® or Anapen® Jr

Anapen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Photo

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

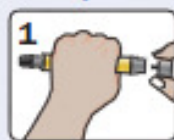
Plan prepared by: _____

Dr _____

Signed _____

Date _____

How to give EpiPen® or EpiPen® Jr



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



PLACE BLACK END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



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

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for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

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ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed) dose:
- Locate EpiPen® or EpiPen® Jr
- Contact family/emergency contact



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Additional information