



HARRODIAN

Medical Policy

Anaphylaxis Policy

Anaphylaxis is a severe allergic reaction requiring immediate medical attention. The reaction usually occurs within minutes of exposure to the "trigger" substance, although rarely the reaction may be delayed for up to a few hours. Common triggers include peanuts, tree nuts, eggs, cow's milk, shellfish, insect stings and drugs such as Penicillin and Aspirin.

Signs and symptoms of anaphylaxis may include any or all of the following:

- Itchy urticarial rash ("hives") anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness
- Swelling of lips, tongue and throat
- Cough, wheeze or tightness of the chest
- Sudden collapse or unconsciousness
- Collapses
- Loss of consciousness

Treatment depends on the severity of the reaction and may require an emergency injection of adrenaline. This is usually given via an auto-injector device (EpiPen or Ana pen) into the thigh muscle.

YOU MUST TAKE THE FOLLOWING ACTION:

1. Give one EpiPen immediately into upper outer thigh, midway between knee and hip. Hold for ten seconds.
2. Call 999 and ask for ambulance. Message to be given "Anaphylaxis".
3. If, after 5 minutes symptoms have not improved, give the 2nd EpiPen (in the same way).
4. Lie child down unless they are wheezing and having breathing difficulties.
5. Give the blue reliever inhaler. Give **TWO** puffs initially. But you can give up to **TEN** puffs. Ring emergency contacts on the contact numbers provided. Hand all medication/Epipens etc. over to the ambulance staff.
6. The child should remain in the emergency department for several hours for

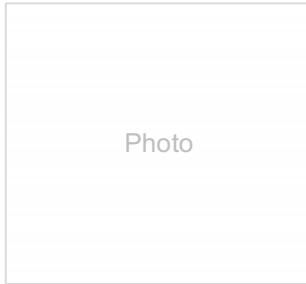
Management in School

- Parents should inform the school of their child's allergy as soon as possible.
- The nurse will discuss with parents the specific arrangements for their child.
- Parents should teach their child how to manage his/her own allergy, about safe and unsafe foods, how to recognise an allergic reaction, when to alert an adult and how to self-administer emergency medication.
- The parent and nurse will complete the care plan for pupils with severe allergic reaction.
- The nurse will inform all teaching staff of the child's allergy and treatment both verbally and in writing.
- Training will be given to all staff in the recognition and treatment of anaphylaxis, use of an Epipen/Anapen and how to summon help in an emergency.
- Catering staff will take all reasonable steps to ensure suitable food is available and will give advice to students on ingredients and food choices as required.
- Senior school pupils may carry emergency medication (Epipen /Anapen) with them at all times in school, together with any other medication (e.g. asthma inhalers).
- One (or more) spare Epipen/Anapen will be kept in Mrs. Moore's office and will be accessible at all times during the school day. Epipens will be kept in individual plastic boxes with care plans and contact details.
- Specific arrangements should be made with staff and the student for after-school or weekend activities and for school trips and visits.
- Teaching staff should discuss with parents specific arrangements prior to any lessons which include any food-related activities.
- Parents are responsible for maintaining up-to-date supplies of medication.
- In the event of a child showing any signs or symptoms of a severe allergic reaction, staff must contact the nurse immediately.
- If the child is deteriorating rapidly, you are alone or the nurse is not available:
 - call an ambulance immediately, stating "child with anaphylaxis"
 - send a responsible person to get the child's Epipen from Mrs. Moore's office
 - monitor the child's condition and administer medication as appropriate (full instructions are written on individual care plans)
 - contact the child's parents.
- If the child is taken to hospital it may be necessary for a member of staff to accompany them and stay until the parents arrive.
- Record the incident on an accident report form.
- Remind parents to replace any medication as necessary

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's Weight: _____ Kg

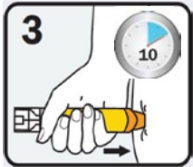
How to give EpiPen®



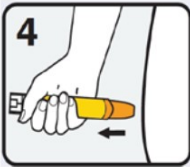
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:



Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat if breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____

Date: _____

Intimate Care

All children have a right to safety, privacy and dignity when contact of an intimate nature is required (for example, assisting with toileting or removing wet/soiled clothing). It is best policy for individual care plans to be drawn up and agreed with individual parents for all children who require intimate care on a regular or on-going basis.

Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as is practicable. When assistance is required, staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.

Person Responsible: Nurse

Last updated: September 2017

Next update: September 2018