

Dear Parents/Guardians  
RE: Identified Medical Condition

I am currently updating all the school medical files; your child has indicated that they have a medical condition of which we need to be aware of. Please find enclosed medial documentation that needs to be completed and returned as soon as possible. This information needs to be renewed yearly but if there is a change of treatment during the year, please notify the school. This will enable me to have current and accurate information enabling the best support and care for your child.

Please complete & supply for our school files:

- Health Care Plan (please fill it out ASAP)
- Medication instructions from prescribing doctor
- Medication request by parent to give medication.
- Medical report stating medical condition:
  - Diabetes
  - Asthma
  - Epilepsy
  - Medical condition that your child needs to be reviewed by a specialist.
  - Allergy that causes Anaphylaxis

Does your child suffer from an allergy: e.g nut, fruit, dust, cold wealth, shellfish or other? We need to know even if your child hasn't had an allergic reaction for many years.

Please indicate below:

- **Mild to moderate** – hives, welts, swelling of the face, tingling of the mouth (does your child require medication?)
- **Severe Anaphylaxis** – difficult or noisy breathing, swelling of the tongue, tightness in the throat, difficulty talking or hoarse voice, wheeze or persistent cough, or collapse? Requires Epipen?

If you have any questions regarding this form or any questions you have regarding your child's health needs, please contact me on 89837777 or email on [dripstone.middle@education.nt.gov.au](mailto:dripstone.middle@education.nt.gov.au)

Kind Regards

*Mary*

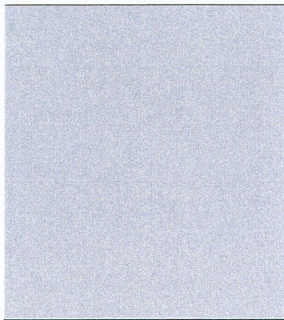
Mary Burnell-Johnson  
Health Promoting School Nurse



# ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens:

Family/emergency contact name(s):  
\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by doctor or nurse practitioner (np):  
\_\_\_\_\_

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.**

Instructions are also on the ASCIA website  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

**For use with adrenaline (epinephrine) autoinjectors**

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy  seek medical help or  freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

## WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

## ACTION FOR ANAPHYLAXIS

### 1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



### 2 Give adrenaline autoinjector

### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

### 5 Further adrenaline doses may be given if no response after 5 minutes

### 6 Transfer person to hospital for at least 4 hours of observation

### If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

## ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed:  Y  N

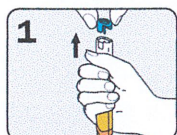
- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.



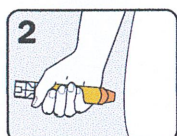
Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

## How to give adrenaline (epinephrine) injectors

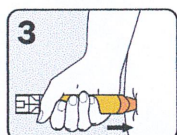
### EpiPen®



Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)

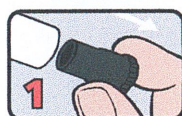


PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

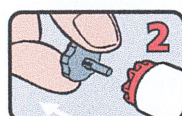
**EpiPen® doses are:**

EpiPen® Jr (150 mcg) for children 7.5-20kg  
EpiPen® (300 mcg) for children over 20kg and adults

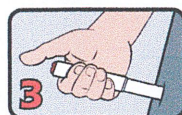
### Anapen®



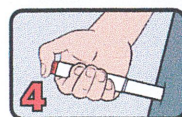
PULL OFF **BLACK** NEEDLE SHIELD



PULL OFF **GREY** SAFETY CAP from red button



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



PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

**Anapen® doses are:**

Anapen® 150 Junior for children 7.5-20kg  
Anapen® 300 for children over 20kg and adults  
Anapen® 500 for children and adults over 50kg

## MILD TO MODERATE ALLERGIC REACTIONS

### SIGNS

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

### ACTIONS

- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

**Mild to moderate allergic reactions may not always occur before anaphylaxis**

## SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

## ACTIONS FOR ANAPHYLAXIS

### 1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



### 2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

### IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.