Management Plan for Anaphylaxis
(Severe Allergic Reaction requiring Epipen)

Student Name: PHOTO

Allergy to:

Possible Signs and Symptoms
♦ Hives / Rash
♦ Facial swelling
♦ Tingling in or around mouth
♦ Abdominal pain, vomiting or diarrhoea

More Serious Signs
♦ Cough or wheeze
♦ Difficulty in breathing or swallowing
♦ Breathing stops
♦ Loss of consciousness or collapse

The reaction can become life-threatening and may progress very quickly.

What to do if a reaction occurs:
➢ Contact Office and ask them to call an Ambulance, and call the Nurse
➢ Ask office staff to bring Epipen from office to student
➢ Never leave student alone
   ➢ If any of the following symptoms develop, give Epipen.
     - Cough or wheeze
     - Difficulty in breathing or swallowing
     - Breathing stops
     - Loss of consciousness or collapse

   If in Doubt – GIVE the EPIPEN.

How to give Epipen:

1. Remove grey safety cap
2. Place black tip on student’s outer thigh (at right angles to leg) – can go through clothing.
3. Push hard and hold in place counting slowly to 10, then remove.
4. Massage injection site for 10 – 20 seconds
5. Record the time the Epipen was given
7. Dispose of Epipen in sharps container or give to Ambulance officer for safety.
Consent for Epipen due to Severe Allergic Reaction

Student’s Name………………………………………

Year level / Care Group……………………………………

Parent’s / Guardian’s Name……………………………………………………………….

Telephone:
Home………………………Business……………………Mobile………………………

Emergency Contact Name…………………………………Telephone…………………..

Doctor’s name……………………………………………Telephone…………………..

Allergy to:
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Signs and Symptoms of Serious Reaction:
- Difficulty in breathing or swallowing
- Breathing stops
- Loss of consciousness or collapse

Declaration:
In the event of an Anaphylaxis or the display of any the above symptoms, I consent to my son/daughter to receive the Epipen as supplied by me for my child.
I also agree that staff will ring the Ambulance at this time and agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent / Guardian’s signature…………………………..Date…………………………

Doctor’s signature…………………………………………..Date…………………………