Anaphylaxis action plan

The patient has the following allergy/allergies

Greek Pediatric Allergy Society

Name: _____

Date of birth: _____

Mild/Moderate Allergic Reaction:

- Swelling of the lips, facr or eyes
- Oral itching or tingling
- Mild sensation of throat tightness
- Urticaria or itchy rash skin
- Abdominal pain or vomiting (may indicate anaphylaxis in non-food allergy)
- Acute change in behaviour

Actions:

- Stay with the patient; call for help if required
- Locate the adrenaline (epinephrine) device
- Administer antihistamine: .....
  (if vomiting occurs, antihistamine dose can be repeated)
- Phone the parent/emergency contact
- DO not bath or shower to relieve itching

JEXT administration

(150mcg: 7,5-20 kg, 300mcg: >20 kg)



Form fist around Jext and PULL OFF YELLOW SAFETY CAP



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



PUSH DOWN HARD until a click is heard and hold in place for 10 sec



REMOVE Jext. Massage injestion site for 10 sec

WATCH VIDEO

Neffy administration

(15-30 kg, >4 yr || one spray of Neffy 1 mg into one nostril)
(>30 kg, >4 yr|| one spray of Neffy 2 mg into one nostril)



REMOVE
Remove *neffy* from packaging. Pull open the packaging to remove the *neffy* nasal spray device.



HOLD
Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle.
Do not pull or push on the plunger.
Do not test or prime (pre-spray). Each device has only 1 spray.



INSERT
Insert the nozzle into a nostril until your fingers touch your nose, if possible. Keep the nozzle straight into the nose pointed toward your forehead.
Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.



PRESS
Press plunger up firmly until it snaps up and sprays liquid into the nostril.
Try to avoid sniffing during or after receiving a dose of ***neffy***.. If you sniff by accident, monitor your symptoms for at least 5 minutes and if they continue or get worse, give a second dose of ***neffy*** in the same nostril, if possible.

WATCH VIDEO

Watch of signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Mild & moderate allergic reactions do not always precede anaphylaxis

ALWAYS consider anaphylaxis if SUDDEN DIFFICULTY IN BREATHING occurs after exposure to a known allergen.

Respiratory
- Persistent cough
- Hoarse voice
- Difficulty swelling
- Tongue swelling
- Difficulty breathing
- Noisy breathing (wheeze or stridor)

Circulation / Consciousness
- Persistent dizziness
- Pallor or floppiness
- Sudden drowsiness
- Fainting / loss of consciousness

IF ONE OR MORE OF THESE SIGNS ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



2. **Administer adrenaline (epinephrine) immediatelly**
   Device: Dose:
3. **Call 166** (Emergency Medical Servises) and state: ANAPHYLAXIS

*****IF IN DOUBT GIVE ADRENALINE*****

AFTER ADMINISTRATING ADRENALINE:

1. **Stay with the child**, until ambulance arrives. **do NOT stand child up.**
2. Phone parent/emergency contact. If you are alone call another adult to assist.
3. **If there is no improvement in 5'**, use the 2nd adrenaline device
4. **Start cardiopulmonary resuscitation** if there are no signs of life
5. Following anaphylaxis, hospital observation is recommended

Additional Instructions: if wheezing/dyspnoea occurs due to allergic reaction **ADMINISTER ADRENALINE FIRST** and then bronchodilator (salbutamol 4-6 puffs)

Emergency Contacts:

1) Name _____

_____

2) Name _____

_____

Parental consent: i hereby authorize school staff to administer the medicine listed on this Action Plan.

Signature _____

Name _____

Date _____

This is a medical document and should be completed by a physician. It must not be altered without medical authorization. It contains medical information for the school/parent or caregiver to use the prescribed adrenaline device if required. During travelling, action plan and adrenaline devices should be carried in hand luggage and **NOT** in checked baggage.

Physician signature/name .....

Hospital/Clinic.....

..... Date.....