Managing an Allergic Reaction

CALL FOR HELP
STAY WITH THE CHILD
SEND SOMEBODY FOR THE CHILD’S EMERGENCY MEDICAL PACK LOCATED ____________

ASSESS

MILD REACTION
Swelling of lips, face, eyes
Hives, itchy skin, rash
Tingling of mouth, abdominal pain, vomiting, nausea

PLAN
Give antihistamine
Stay with child
Monitor carefully for any signs of deterioration/severe reaction
Contact family

SEVERE LIFE THREATENING REACTION
Think A B C D E!
A. AIRWAY OBSTRUCTED
hoarseness/wheezing/swollen tongue/itching or swelling in throat
And/or.
B. BREATHING DIFFICULTY
breathlessness/noisy breathing/unable to communicate verbally
And/or.
C. CIRCULATION IMPAIRED
pale/clammy skin/rapid/weak pulse/blue around mouth/feeling faint
And/or.
D. DISABILITY
confusion/agitation/altered consciousness
And/or.
E. EXPOSURE
hives/swelling of lips, eyes, throat/generalised rash

ACT
GIVE ADRENALINE AUTOINJECTOR
CALL AMBULANCE 112/999
MONITOR CAREFULLY
CONTACT FAMILY
REPEAT AUTOINJECTOR AFTER 5 MINS if no improvement or deterioration in condition

If in doubt: give adrenaline

NAME:
Date of birth:
Family contact:
Allergic to:

Because allergy matters visit www.ifan.ie

This is a sample plan only and should be adapted to suit the needs of the individual child in the appropriate setting.
Adapted from Managing Chronic Health Conditions at school. (Available from Anaphylaxis Ireland. www.anaphylaxisireland.ie/) and the UK’s Anaphylaxis Campaign.