



# West Park C.E Primary School

## Individual protocol for an Emerade adrenaline auto injector

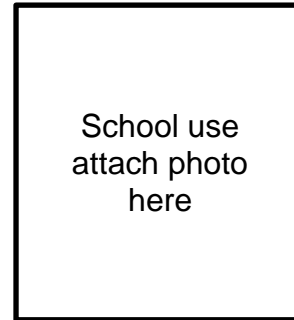
CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....



### Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

### GP

Name:  
Phone No:  
Address:

### Clinic/ Hospital Contact

Name:  
Phone No:  
Address:

### **MEDICATION Emerade**

Name on Emerade & expiry date: .....

- It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Emerade to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*



# West Park C.E Primary School

## Individual protocol for using an EMERADE (Adrenaline auto injector)

### Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

### Stay Calm

Reassure.....

**One member of staff to Dial 999**

### REMEMBER

**A = Airway**  
**B = Breathing**  
**C = Circulation**

### **Give EMERADE first then dial 999**

### **Administer Emerade in the upper outer thigh**

Remove cap protecting the needle  
 Hold Emerade against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.

### **Hold Emerade in place for 10 seconds.**

Can be given through clothing, but not very thick clothing.  
 Note time injection given.

### **If no improvement give 2<sup>nd</sup> EMERADE 5 minutes later**

### Call Parents

Reassure

.....

### Telephoning for an ambulance

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Childs name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.



# West Park C.E Primary School

## Individual protocol for an EpiPen adrenaline auto injector

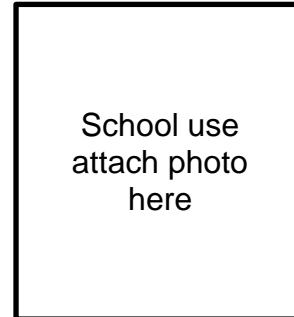
CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....



### Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

### GP

Name:

Phone No:

Address:

### **MEDICATION EPIPEN**

Name on EPIPEN & Expiry date: .....

### Clinic/ Hospital Contact

Name

Phone No:

Address:

- It is the parents responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's EpiPen to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

## Individual protocol for using an EpiPen (Adrenaline Auto injector)



# West Park C.E Primary School

## Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

## Stay Calm

Reassure .....

One member of staff  
to Dial 999

### REMEMBER

A = AIRWAY  
B = BREATHING  
C = CIRCULATION

## Give EIPEN first then dial 999

### Administer Epipen in the upper outer thigh

Remove grey safety cap  
Hold epipen with black tip  
downwards against thigh  
jab firmly.

### Hold epipen in place for 10 seconds

Can be given through clothing,  
but not very thick clothing.  
Note time of injection given

**If no improvement give  
2<sup>nd</sup> EIPEN 5 minutes  
later**

## Call Parents

Reassure

.....

### Telephoning for an ambulance

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Child's name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY  
INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.

**Individual protocol for a Jext pen adrenaline auto injector**



# West Park C.E Primary School

CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....



### Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

### GP

Name:

Phone No:

Address:

### Clinic/ Hospital Contact

Name:

Phone No:

Address:

### **MEDICATION JEXT**

Name on JEXT & expiry date: .....

- It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Jext pen to be administered in an emergency as detailed in this plan.

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

## Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)



# West Park C.E Primary School

## Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

## Give **JEXT** pen first Then call 999 Administer in the upper thigh

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.

**Hold in JEXT Pen in place for 10 seconds.**

Can be given through clothing, but not very thick clothing

Note time of injection given

**If no improvement give  
2<sup>nd</sup> JEXT Pen  
5 minutes later**

## Stay Calm

Reassure .....

**One member of staff to Dial 999**

### REMEMBER

**A = AIRWAY  
B = BREATHING  
C = CIRCULATION**

## Call Parents

Reassure

.....

### Telephoning for an ambulance

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Child's name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.