BROOK INFANT SCHOOL
AND NURSERY

Medicines Form 3: Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

School use attach photo here

CHILD'S NAME……....

D.O.B. ……

Class ……

Nature of Allergy (Please include type of allergy, expected reaction when the allergy was first noticed, any relevant history):

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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 - Antihistamine

Name of antihistamine & expiry date

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- **It is the parents responsibility to ensure the Antihistamine has not expired**

Dosage & Method: **As prescribed on the container.**

- **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, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administer this medication in the past without adverse effect.

Signed:…… Print name……

Date……

I am the person with parental responsibility

Individual protocol for using Antihistamine (e.g. Piriton)

Symptoms may include:

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

Stay Calm

Reassure

……

Give Antihistamine delegated person responsible to administer antihistamine, as per instructions on prescribed bottle

Observe patient and monitor symptoms

Inform parent/guardian to collect

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from school

If symptoms progress and there is any difficulty in swallowing/speaking /breathing/ cold and clammy

Dial 999

A = Airway
B = Breathing
C = Circulation

If child is prescribed an adrenaline auto injector administer it - follow instructions on protocol

If symptoms progress Dial 999 - Telephone for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details: **Brook Infant School, Salterns Road, Maidenbower, Crawley, RH10 7JE. Telephone number 01293 886521 (then press 3 to come through to the office).**
Give details: Pupils 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.