



BROOK INFANT SCHOOL
AND NURSERY

**Medicines Form 4 : Individual protocol for an
EMERADE adrenaline auto injector**

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: Emerade

Name on Emerade & expiry date:

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.....

- 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 that your child does not eat any food items unless they have been prepared / approved by parents.
- Parents need to ensure that they have set up special diet plans with Chartwells to ensure that food served at lunch is suitable for their child.
- 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 or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan
- I confirm I am the person with parental responsibility.

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

Date.....

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 2nd EMERADE 5 minutes later

Call Parents

Reassure
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Telephoning for an ambulance

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

Give school details: Brook Infant School, Salterns Road, Maidenbower, Crawley, West Sussex, RH10 7JE

Telephone: 01293 882856 (press 3 for the office)

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.