

ASHURST CE AIDED PRIMARY SCHOOL



Individual Protocol for.....using Antihistamine (eg Piriton)

Name:	Please attach a
Date of Birth:	photo here
Class:	
School: Ashurst CE Aided Primary School Nature of Allergy:	
Contact Information	
Family Contact 1 Name: Relationship: Phone Numbers: Home: Work: Mobile:	Family Contact 2 Name: Relationship: Phone Numbers: Home: Work: Mobile:
GP Name: Phone No: Address:	Clinic/ Hospital Contact Name: Phone No: Address:
MEDICATION - Antihistamine Name on Antihistamine & Expiry date:	
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.	
Parent	<u></u> Date



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Symptoms may include:

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

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Inform parent/guardian to collect

from school

Stay Calm

Reassure

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

Observe patient and monitor symptoms

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:

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.