FOOD ANAPHYLAXIS MANAGEMENT PLAN (FAMP)

At School (school year)

Name
Surname
Date of Birth Weight (kg)
Class

Student Photo

ALLERGIC TO:

☐ Cereals containing gluten ☐ Egg ☐ Peanuts ☐ Milk
☐ Shellfish ☐ Fish ☐ Soy ☐ Treenuts

If "Treenuts", please specify:
Others:

PREVIOUS ANAPHYLACTIC REACTION: ☐ YES ☐ NO

ASTHMA: ☐ YES ☐ NO

} **high risk of developing a severe allergic reaction**

SYMPTOMS OF ALLERGIC REACTION:

N.B. At the simultaneous of multiple symptoms proceed with the pharmacological intervention plan

☞ MOUTH: swelling and itching of the lips and throat
☞ THROAT: itching, **irritating barking cough**, **hoarse voice**
☞ SKIN: **localized or diffused hives or rash**, **swelling of the face or extremities**
☞ DIGESTIVE SYSTEM: nausea, abdominal cramp pain, **repeated vomiting and/or diarrhea**
☞ RESPIRATORY SYSTEM: **irritating barking cough**, **wheezing**, **breathing difficulty**
☞ CIRCULATORY SYSTEM: **collapse**
☞ NEUROLOGICAL SYSTEM: **lifelessness**, **feeling down**, **loss of consciousness**

PHARMACOLOGICAL INTERVENTION PLAN

N.B. The student's lifesaving kit can be found

MILD ALLERGIC REACTION

If symptoms are: ITCHING OF THROAT, SWOLLEN TONGUE AND LIPS, HIVES OR RASH, NAUSEA, ABDOMINAL CRAMP PAINS

☞ administer: ANTIHISTAMINE brand
dosage expiry date (to be kept at room temp. and away from light)

☐ ANTIHISTAMINE ADMINISTERED AT: date 🕓

☞ administer: BRONCHODILATOR brand
dosage expiry date (to be kept at room temp. and away from light)

☐ BRONCHODILATOR ADMINISTERED AT: date 🕓

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SEVERE ALLERGIC REACTION

If symptoms progress (5-10 mins): HIVES WITH SWELLING OF THE FACE AND/OR HOARSE VOICE AND /OR BREATHING DIFFFICULTY AND /OR COLLAPSE

☞ administer: ADRENALINE AUTO-INJECTOR brand

phial (mg) expiry date (to be kept at room temp. and away from light)

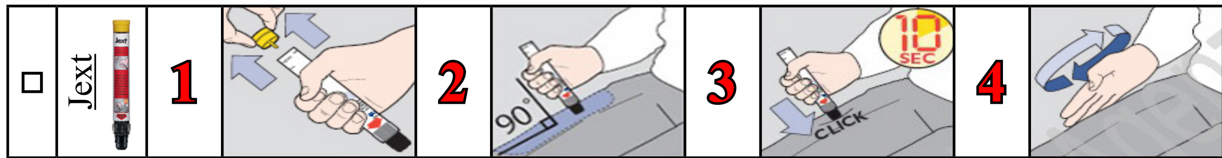
If in doubt, use the adrenaline auto-injector!

N.B. If after 5 minutes symptoms do not improve, or return, administer another dose

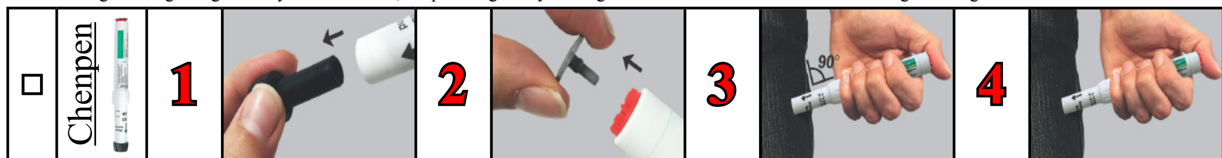
INSTRUCTIONS FOR USE OF ADRENALINE AUTO-INJECTOR (AAI)

☞ hold the leg still before and during injection to prevent injuries

Fastjekt: 1. Hold Fastjekt firmly in the hand and remove the blue cap. 2. Hold Fastjekt with the orange tip facing the outside of the thigh at a distance of 10 cm. 3. Firmly press the auto-injector into the thigh at a right angle until a click is heard, leave Fastjekt in this position for 10 sec. 4. Remove Fastjekt and massage the thigh for 10 sec.



Jext: 1. Hold Jext firmly in the hand and remove the yellow cap. 2. Hold Jext with the black tip facing the outside of the thigh. 3. Firmly press the auto-injector into the thigh at a right angle until you hear a click, keep Jext against your thigh for 10 sec. 4. Remove Jext and massage the thigh for 10 sec.



Chenpen: 1. Remove the black needle guard 2. Remove the gray safety cap from the red activation button 3. Place the Chenpen against the outside of the thigh at a right angle and press the red button. 4. Keep Chenpen in this position for 10 sec., Remove it and massage lightly.

☞ lay the person flat and do not leave alone

☞ if the person is **conscious** put him/her in anti-shock position, raise legs to facilitate the flow of blood to the head and heart; if breathing is difficult (asthma) or they are vomiting, raise the upper body off the ground

☞ if the person is **unconscious**, put he/she in the recovery position according to first aid

☐ ADRENALINE No.1 ADMINISTERED AT: date 🕓

☐ ADRENALINE No.2 ADMINISTERED AT: date 🕓

☞ call the **Emergency Number** and inform:

MOTHER ✆

FATHER ✆

MEDICAL REFERENCE ✆

OTHERS ✆

SCHOOL CONTACT

HAND OVER THE ADMINISTERED ADRENALINE TO FIRST AID STAFF OR AE STAFF. THE PATIENT SHOULD BE KEPT UNDER OBSERVATION FOR AT LEAST 4 HOURS BECAUSE SYMPTOMS MAY RETURN

PARENT/GUARDIAN SIGNATURE: ______________________

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PHYSICIAN SIGNATURE: ______________________

Date and Place:

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