

ACTION PROTOCOL IN CASE OF AN ALLERGIC REACTION AT SCHOOL

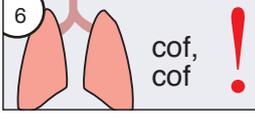
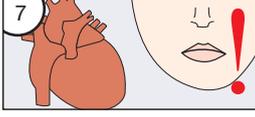
Student:	Parents/Representative:
Weight: Age:	Notification telephone(s):
Tutor/Teacher:	
Course:	Medication place:



Allergic to:

Asthmatic No **Yes!** Higher risk for severe reactions.

STEP 1: TO EVALUATE AND TREAT (1)

	<p>Mouth itching, mild rash around mouth or lips, swollen mouth.</p> <p>.....</p>	<p>ADMINISTER To be completed by the Allergist/Paediatrician</p>
	<p>Hives, wheals, rash, itching or swelling of extremities or any other part of the body.</p> <p>.....</p>	
	<p>Nausea, abdominal pain, diarrhoea, vomiting.</p> <p>.....</p>	
	<p>Eyes itching, red eyes, tearing, nasal itching, recurrent sneezing, abundant runny nose.</p> <p>.....</p>	
	<p>Closed throat, hoarseness, repetitive cough, swollen tongue/eyes/lips/ears.</p> <p>.....</p>	<p>ALTELLUS 0,15/0,30</p>
	<p>Shortness of breath, repetitive cough, dry cough, fatigue, bluish lips or skin.</p> <p>.....</p>	<p>ALTELLUS 0,15/0,30</p>
	<p>Weak pulse, low blood pressure, fainting, paleness, bluish lips or skin.</p> <p>.....</p>	<p>ALTELLUS 0,15/0,30</p>

- 1) In presence of rapidly progressive reactions, even though symptoms shown are not severe (those listed in vignettes 1 to 4), it is recommended to early administrate adrenaline (ALTELLUS 0.15/0.30) in order to avoid the progression into a severe reaction (symptoms listed in vignettes 5, 6 and 7)
- 2) For children that present symptoms contained in vignette 7 (cardiovascular condition) it is convenient to lay them on their back and with their feet up.
- 3) After administering the medication the child must ALWAYS be taken to a medical centre.

STEP 2: TO ALERT

EMERGENCY CALL

1. NEVER LEAVE THE CHILD UNATTENDED

2. **CALL EMERGENCY** (Telf.:) and indicate it is an allergic reaction.
3. Even in those cases when parent/legal representative cannot be reached, do not hesitate to medicate the child and take him to a medical centre.



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ASOCIACIÓN ESPAÑOLA
DE ALÉRGICOS A ALIMENTOS Y LÁTEX
www.aepnaa.org

AUTHORIZATION

Dr. _____
with medical license number _____ of _____ Medical College, has
reviewed the protocol as allergist / paediatrician, has prescribed specific action medication.

Date and signature

The underwriter, _____
as parent/legal representative, authorizes the administration of the medication indicated in this form to my
child _____
following this protocol.

Date and Signature

"In accordance with Article 195 of Penal code, it is crime for anyone who breaches the obligation of helping a helpless and in manifest and grave danger person, when it can be done without risk to himself or others. Likewise, Article 20 of Penal Code indicates that those who act in compliance of an obligation are exempt from criminal liability.

It must be indicated that there will be no liability of any kind if carrying out their obligation to help, an incorrect application of the rescue medication (intramuscular adrenaline) occurs with the purpose of saving the life of the allergic."