



# ACTION PROTOCOL IN CASE OF AN ALLERGIC REACTION AT SCHOOL



Student: \_\_\_\_\_  
Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Tutor/Teacher: \_\_\_\_\_  
Course: \_\_\_\_\_

Parents/Representative: \_\_\_\_\_  
Notification telephone(s): \_\_\_\_\_  
Medication place: \_\_\_\_\_

Allergic to: \_\_\_\_\_  
Asthmatic No  Yes  Higher risk for severe reactions.

## STEP 1: TO EVALUATE AND TREAT (1) ADMINISTER - To be completed by the Allergist/Paediatrician



Mouth itching, mild rash around mouth or lips, swollen mouth.  
\_\_\_\_\_



Hives, wheals, rash, itching or swelling of extremities or any other part of the body.  
\_\_\_\_\_



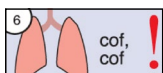
Nausea, abdominal pain, diarrhoea, vomiting.  
\_\_\_\_\_



Eyes itching, red eyes, tearing, nasal itching, recurrent sneezing, abundant runny nose.  
\_\_\_\_\_



Closed throat, hoarseness, repetitive cough, swollen tongue/eyes/lips/ears.. **ALTELLUS 0,15/0,30**  
\_\_\_\_\_



Shortness of breath, repetitive cough, dry cough, fatigue, bluish lips or skin. **ALTELLUS 0,15/0,30**  
\_\_\_\_\_



Weak pulse, low blood pressure, fainting, paleness, bluish lips or skin. **ALTELLUS 0,15/0,30**  
\_\_\_\_\_

- 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.: 061) 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.

## AUTHORIZATION

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

Date and signature

Firma

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

Firma