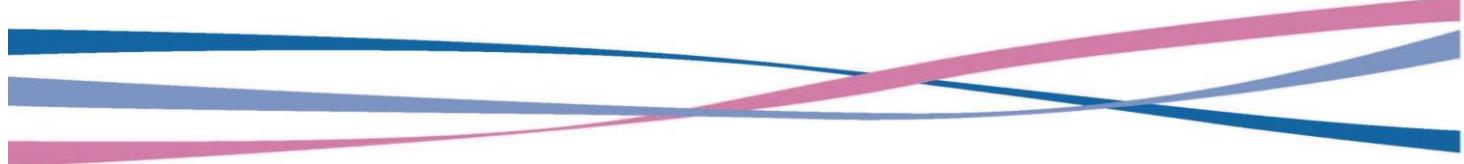


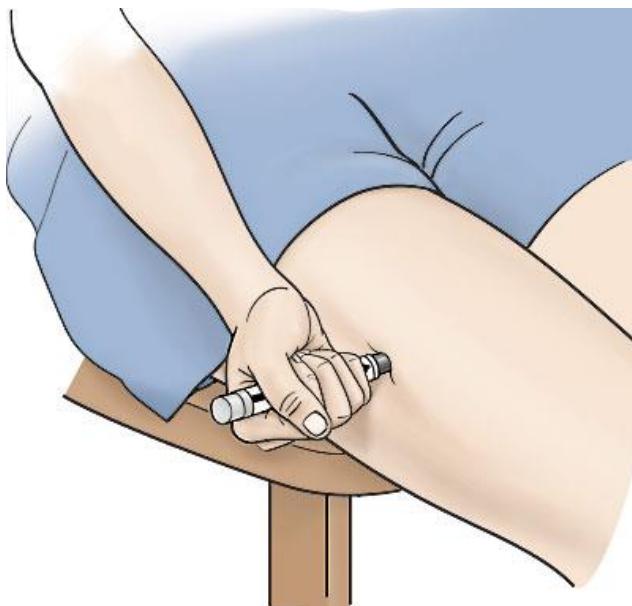
Anaphylaxis Treatment with an Epipen®

Information for Parent/Carers



Addressograph	
Name:	_____
Address:	_____

DOB:	_____ / _____ / _____
NHS No._____	



Signature of Care Givers

Name (printed)	Signature	Designation

The aim of this leaflet is to ensure that parents/carers will feel safe and confident in giving care to a child/young person who has an anaphylactic reaction.

Before you take your child/young person home the staff will:

- Give you appropriate information about your child/young person's condition. You will be given a care plan to take home with you for the professionals involved in your child/young person's care to record care given.
- Ensure that you and anyone involved in caring for your child/young person has adequate training in how to manage anaphylaxis.
- Advise you when to administer drugs which have been prescribed for emergency use.

If you require further advice please contact Children and Young Peoples Home Care Team on 01270 612071.

Replacement/Renewal Information

- Always check that the Epipen® is in date and ask for replacement from your G.P. at least three weeks before expiry date.
- When junior Epipen®s are due for renewal it is advisable to have your child/young person weighed as they might need to change to the higher dose pen, this will be on your doctor's advice and is usually when their weight is approaching 30kgs.
- Your adrenalin pen manufacturers have a facility on their website for you to register the expiry date of your pen.

School Information

- If your child/young person is in school, please place the Epipen® in its original container and place it in a rigid container, a clearly marked sandwich box is suitable (with a red cross and your child/young person's name on the top).
- If your child/young person is at secondary school and carries an Epipen® in their bag ensure it is in its rigid container, clearly labelled and that school staff are aware that your child/young person carries it in school.
- Remember if your child/young person has an inhaler it should be carried on them at all times.
- It is important that all medication is removed from the school at the end of term and replaced on the first day of the new term.
- Always complete the paperwork sent to you by the school, as this enables the teachers to receive the appropriate training that protects their legal and professional accountability.
- New photographs of your child should be supplied to the school each year to update the action plans. If there are any changes to your child's treatment, please inform the school immediately.

Storage of medication

- Always check that the medication is in date and ask for a replacement at least three weeks before expiry date.
- Mark the date for renewal clearly on the container and replace immediately if used.
- Keep all medication in its original pack.
- Mark the child/young person's name clearly on the box.
- Always keep the Epipen® at room temperature.
- Keep the anaphylactic medication conveniently placed for quick administration but out of reach of young children.

Disposal of used equipment

- After use a safety cover will automatically conceal the needle.
- Dispose in normal household waste.
- Unused, out of date pens can be returned to the Chemist/Pharmacy.

Needle stick injury

First Aid Action:-

1. Encourage the wound to bleed.
2. Wash the wound with soap and running water.
3. Cover with a waterproof dressing (e.g. plaster).
4. Seek medical advice.

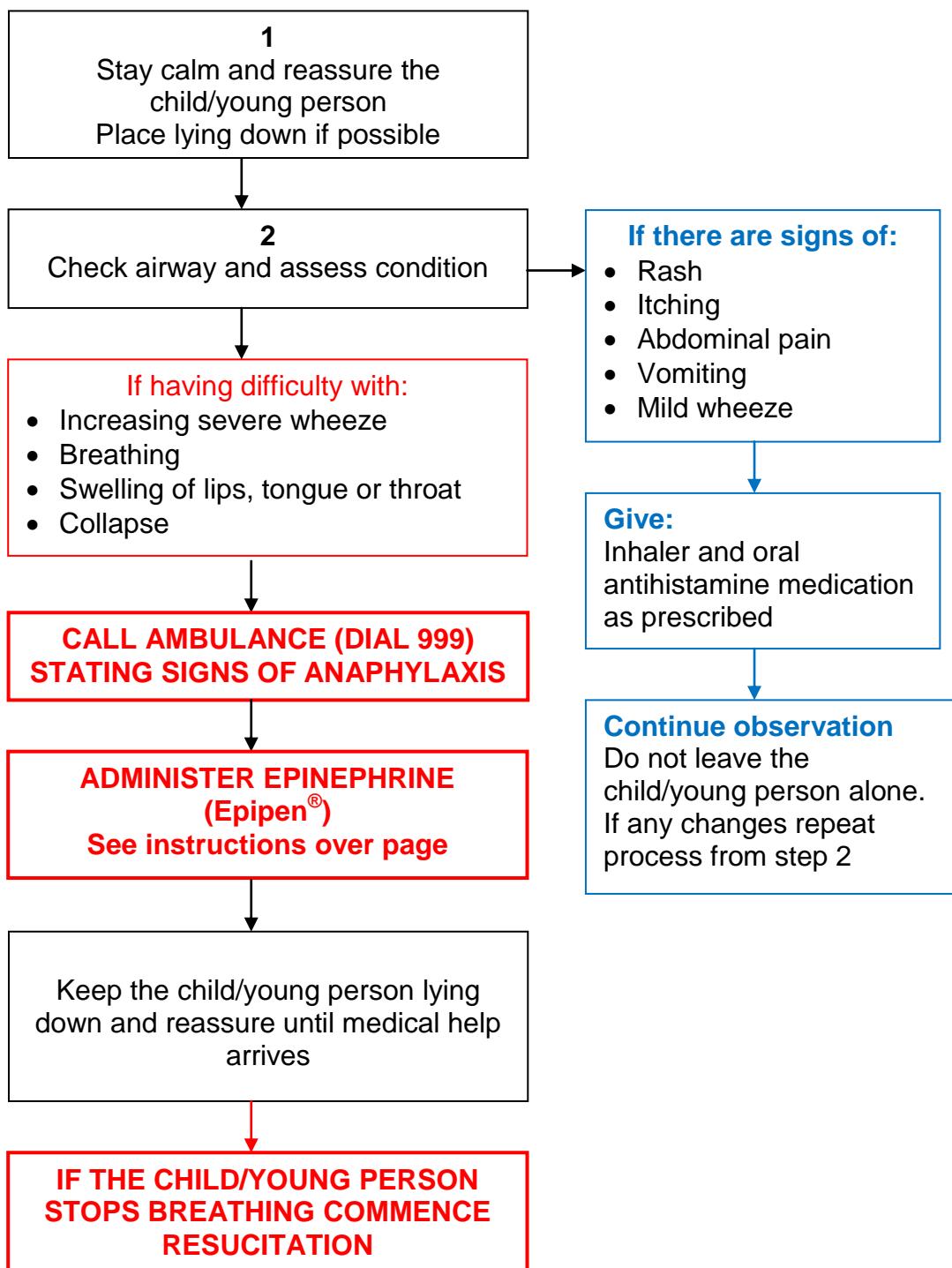
Directions for using an Epipen® Auto Injector

ACTION	RATIONALE
Call 999 ask for an ambulance for a child/young person having an anaphylactic reaction.	To obtain medical support as soon as possible.
Send someone to get the Epipen® (if the child/young person does not have it with them.) Talk to the child/young person and stay calm.	To give the child/young person reassurance.
Prepare Epipen® and check the date of expiry and correct name is on box.	To ensure medication is given to the child/young person as prescribed.
Tell the child/young person what you are doing and ask someone if available to hold the leg. Place orange tip on the child/young person's thigh at right angle to leg (see diagram on instructions).	To ensure medication is given into the muscle. To avoid the child/young person suddenly pulling the leg away.
Pull off the blue safety cap.	To avoid injury to carer.
Using a gripping hold, press hard towards the thigh until the auto-injector mechanism functions and hold in place for 5-10 seconds (see diagram on instructions). Note the time it is given if possible.	To administer medication and ensure that it is held in place long enough for full dose to be administered. To inform the ambulance.
Remove the Epipen® and massage the injection site.	To disperse the medication more quickly.
Store the Epipen® carefully in a safe container. Send the used Epipen® in the ambulance.	To avoid injury to carers and inform hospital staff of dose given.
Stay with the child. Continue to observe the child. If improving keep the child/young person lying down, maintain airway. Whilst waiting for an ambulance if there is any deterioration or no sign of improvement within 5mins. Give second injection into opposite thigh. Escort to hospital in ambulance and remember to report any medication given.	Observe for signs of improvement or deterioration.
If child is not breathing or is without pulse commence basic life support.	To support breathing and circulation until medical help arrives.

How to manage an anaphylactic reaction

If the child/young person comes into contact with something to which they have an allergy and display their usual signs and symptoms, follow the actions outlined below. Your child's individual needs will be recorded in their care plan.

Emergency plan for anaphylaxis

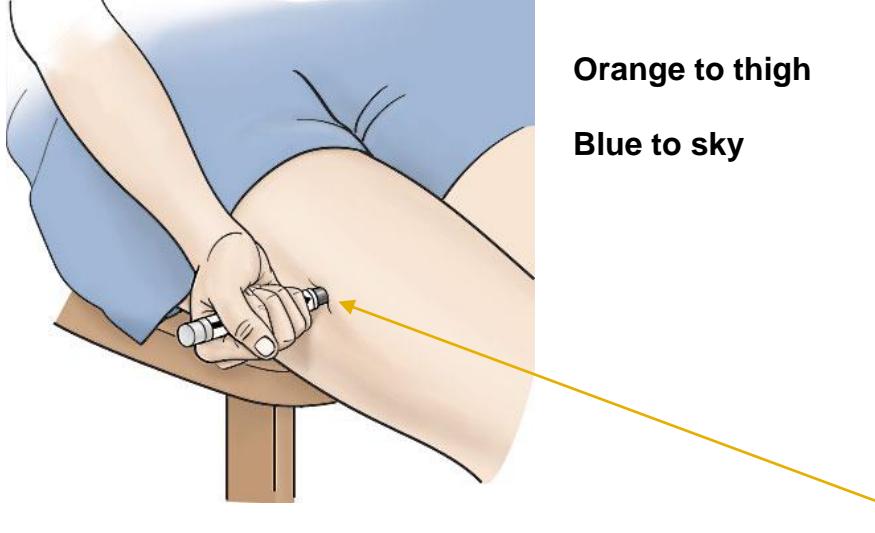


Instructions for the administration of adrenaline via the Epipen® Auto-Injector

1. Remove the Epipen® from the packaging.
2. Expose child's thigh if able to do so, but may be administered through clothing.
3. Hold the Epipen® as shown below, placing the orange tip at right angles to the thigh. Remove the blue safety cap and push down until the auto-injector mechanism functions (there should be a click).

Hold in place for 5-10 seconds

4. Remove the Epipen®.



WARNING: Giving Epinephrine (adrenaline) is not a substitute for obtaining medical attention as any beneficial effects may only last for a short time.

Accidental injection into the hands or feet may result in a loss of blood flow to the affected area and should be avoided. If there is accidental injection into these areas, on any person, go immediately to the nearest Emergency Department (A&E) for treatment.

Training Sheet

Name of Child:

DOB:

One sheet to be signed by each person agreeing to administer adrenaline.

1. How to recognise an anaphylactic reaction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. When to use adrenaline	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Instructions in use of Epipen®	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. How to dispose of the Epipen®	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. What to do if the adrenaline is injected incorrectly	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. When to replace the Epipen®	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. How it is stored and where it is kept in school	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Trainer

Epipen® training given by: Name: _____ (please print)

Signed: _____ Date: _____

Designation: _____

I confirm that I: _____ (please print) have received training in the use and administration of medication in the event of anaphylactic shock. I agree to read and abide by the information.

Signature: _____

Date: _____ Review Date: _____

Certificate of Instruction

Child and Adolescent Unit

**Children and Young
People's Home Care Team**

Patient's name: _____ DOB: _____

I agree that I have received written guidelines and been instructed how to:

and now feel confident and competent to carry out this procedure/treatment.

I understand what problems may arise and what to do if they occur.

Parent / legal guardian / patient's signature: (print & sign)

Date: _____

Signature of registered nurse assessing competency: (print & sign)

Date: _____

Date for review: _____

Review Date

Parent / legal guardian

Nurse assessor

Name/NMC Stamp

Role

Signature

This information is available in audio, Braille, large print and other languages. To request a copy, please telephone 01270 612071.

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