EMERGENCY ACTION PLAN

I am at risk of a severe allergic reaction!

PHOTO

Name: .....

Date of birth: ...../...../..... **Weight:** ..... **kg**

I am allergic to : .....

MY ADRENALINE KIT MUST ALWAYS BE WITH ME!

MILD TO MODERATE SYMPTOMS

hives, itchy skin rash, widespread redness

tingling in the mouth and/or swelling of the lips

sneezing, runny nose

red eyes and/or itchy eyes, swelling of the eyelids

swelling of the face

mild abdominal pain, nausea, vomiting

WHAT SHOULD I DO?

- Give the child an anti-allergy **medicine:**

  .....

- Stay **close to the child.**
- Contact a **family member.**
- Watch out for the onset of **severe symptoms.**

SEVERE SYMPTOMS

swelling of the tongue or mouth, difficulties swallowing

severe fatigue, feeling unwell, fainting, reduced consciousness

severe abdominal pain

hoarse voice

respiratory problems, asthma (difficulty breathing or wheezing, persistent cough, difficulty speaking)

repeated vomiting

WHAT SHOULD I DO?

- **Lay the child down with legs raised. If they're vomiting put them in the recovery position. If they're having trouble breathing, sit them up.** Then use the child's **adrenaline** device **(Jext or EpiPen)** immediately.
- Call the emergency services on **112.** Then call a family member.
- If the child shows **signs of breathing** difficulties: sit them up and give them ..... puffs of .....
- **If there is no improvement** after 5–10 minutes give a **second dose of adrenaline** into the other leg.

USE OF ADRENALINE

1. Remove the safety cap.
2. Place the other end of the pen against the outer thigh at a right angle (the injection can be given through thin material).
3. Press firmly until you hear a click. Keep pressing for **10 seconds.**
4. Massage the injection site for 10 seconds.

⚠ During a severe allergic reaction and even after giving adrenaline, **avoid sudden changes in position, as it can be life-threatening !**

☐ **Jext** (yellow safety cap / black tip)

☐ **Epipen** (blue safety cap / orange tip)

ADRENALINE SAVES LIVES! DON'T HESITATE!

Family telephone number :

..... : .....

..... : .....

Date

Doctor's stamp

bapall
Belgian Association of Pediatric Allergists

FRENCH

DUTCH

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