

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?

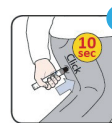
- Lay the child down with legs raised. If they're vomiting put them in the recovery position. If they're having trouble breathing, sit them up. Then use the child's **adrenaline** device (**Jext** or **EpiPen**) immediately.
- Call the emergency services on **112**. Then call a family member.
- If the 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



FRENCH
DUTCH

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