Medicines Form 6 : Individual protocol for an JEXT adrenaline auto injector

BROOK INFANT SCHOOL AND NURSERY

CHILD'S NAME……....

D.O.B. ……

Class ……

School use attach photo here

Nature of Allergy:

……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:

Phone No:

Address:

Clinic/ Hospital Contact
Name:

Phone No:

Address:

MEDICATION JEXT

Name on JEXT & expiry date:

……..

- **It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative…….Date…….

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

- **I give my consent for the school to administer my child's Jext pen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Signed:……Print name……

Date……

I am the person with parental responsibility

Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Give JEXT pen first
Then call 999
Administer in the upper thigh

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.

Hold in JEXT Pen in place for 10 seconds.

Can be given through clothing, but not very thick clothing

Note time of injection given

If no improvement give 2nd JEXT Pen 5 minutes later

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details: **Brook Infant School, Salterns Road, Maidenbower, Crawley, West Sussex, RH10 7JE**
Telephone: 01293 882856 (press 3 for the office)

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.