



H&A TRAINING

22024VIC

Course in Emergency Asthma Management in the workplace



22099VIC

Course in First Aid Management of Anaphylaxis



H & A Training and Supplies

H & A Training would like to thank the following people and organisations for their support, advice and contributions with the publication, and contents of this First Aid Manual

The Australian Resuscitation Council for Text, Information and Art

WorkCover New South Wales

The Ambulance Service of NSW

Asthma Foundation Australia

ASCIA

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Many organisations and resources have been consulted in the writing of this book to maintain its accuracy. However, it is impossible to cover all potential aspects in an emergency situation, and the authors of this book accept no responsibility for any injury or damage that may occur as a result of any of these procedures. If you have any problems or queries with information contained in this book, and then please consult your local health authority

Anne and Hugh Sparkes 2012

First Edition 2012

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H & A Training and Supplies

Postal Address:	PO Box 2085 Elernore Vale 2287
Office Phone:	02 49558084
Fax Number:	02 49558083
Web site:	www.hatraining.com

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What is Asthma?

Asthma is a condition affecting the airways, occurring in the bronchial tubes in the lungs, which makes breathing difficult. People suffering from asthma have sensitive airways. When exposed to certain triggers, this causes the airways to react.

1. The muscle surrounding the bronchial tubes contract and/or spasm.
2. The lining of the bronchial tubes become red, swollen and inflamed.
3. Excess mucus is produced in the bronchial tubes, causing the tubes to become clogged.

When having an attack, asthmatics usually have difficulty in exhaling, which can lead to air becoming trapped, causing the over inflation of the lungs.

Asthma can appear at any age and can affect all walks of life. Asthma cannot be cured but it can be managed. Good asthma management can lead to a productive lifestyle. The causes of asthma are not fully understood, but there can be a family history of hay-fever, asthma, allergies, or eczema. Approximately 1 in 10 people suffer from asthma.

Precautions to take to help prevent asthma attacks:

If a person knows the triggers to their asthma attacks, they can take a few precautions to help reduce the risk of an attack.

1. If chemicals are a trigger to an attack - either use PPE's (Personal Protective Equipment) or change the chemicals if possible.
2. If exercise or activity are a trigger - take 2 puffs of reliever medication 5 – 10 minutes before beginning the activity. Remembering to warm up before activity and to cool down after the activity.
3. If dust and/or dust mites are a trigger – remove all carpet from the area.

Risk management strategies:

Risk management strategies will be included in the:

- Organisation's asthma policy
- Organisation's emergency asthma management plan
- Emergency first aid management and protocols for asthma
- Person's asthma management plan developed by their healthcare provider

Signs leading up to an asthma attack:

Asthma sufferers can often show signs, days before an asthma attack can occur. This can provide an opportunity to identify that a person's asthma is worsening or that they are at risk of suffering a major attack.

These signs could be:

- Reduced ability to do usual activities.
- Need to use their blue reliever puffer more than 3 times a week to manage asthma symptoms.
- Likely to be tired, lethargic, irritable and/or have lack of concentration.
- Behaviour changes

Asthma Triggers:

- Colds and flu
- Dust and dust mites
- Chemicals, perfume, scents
- Alcohol or some soft drinks
- Food preservatives and additives
- Pollens, mould and grasses
- Smoke
- Changes in weather
- Workplace chemicals
- Stress or emotional pressure
- Animal dander
- Exercise
- Certain medications
- Some foods

Signs and symptoms of an asthma attack may include:

- Moderate to severe breathing difficulties
- Wheezing – a high pitched sound when exhaling
- Tight chest – the chest wall is not expanding normally
- Difficulty in speaking
- Quiet and subdued
- Shortness of breath,- fast, shallow breathing
- Coughing – a seal like bark, usually occurring at night
- Paleness, sweaty, blueness of lips, fingertips or earlobes
- Sore tummy especially in small children
- Possibly unconscious

Asthma Severity Classifications:

Mild Asthma:

- Soft wheeze
- Minor breathing difficulties
- Cough
- Casualty speaks in sentences

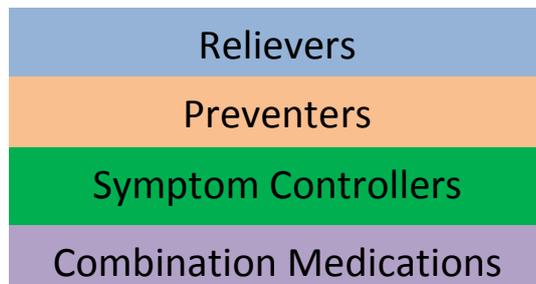
Moderate Asthma:

- Loud wheeze
- Increasing breathing difficulties
- Persistent cough
- Casualty speaks in phrases

Severe Asthma:

- Wheeze may not be heard
- Extreme difficulty in breathing or gasping for breath
- Distressed and anxious – may be hyperventilating
- Casualty speaks in single words only
- Pale and sweaty
- Blue lips and earlobes

Asthma Medications:



Reliever Puffers:

- ✓ Usually blue or blue/grey in colour
- Ventolin
- Asmol
- Bricanyl
- Airomir
- Epaq
- Atrovent (white case with green lid)



- ✓ These are bronchodilators. They relax the muscles around the airway to relieve symptoms of shortness of breath, coughing, chest tightness and wheeze
- ✓ Works within 4 minutes
- ✓ Can be used to reduce the risk of exercise induced asthma (EIA)
- ✓ Is safe and not-addictive. A person experiencing the signs of asthma can be administered large quantities of blue reliever medication safely

Blue reliever medication (Salbutamol) is the only medication that should be used by or administered to someone displaying the signs of worsening asthma or an asthma attack. Therefore it is the only medication that should be used in a first aid or emergency situation.

When receiving high dosed of a blue reliever, a person may expect to feel jittery have shaky hands etc. This is a normal response to the medication.

Preventer Puffers:

- Usually Autumn colours – brown, yellow, orange, rust
 - ✓ Reduces and controls inflammation of the bronchial tubes
 - ✓ Makes the airways less sensitive to triggers
 - ✓ Dries up mucus
 - ✓ Can take up to 4 weeks to take effect
 - ✓ Reduces the severity and frequency of asthma attacks

Symptom Controllers:

- Green or light blue in colour
 - ✓ Long acting relievers
 - ✓ Reduces bronchospasms for up to 12 hours



Combination Medications:

- Purple, or red & white in colour
 - ✓ Combination of preventer and system controllers
 - ✓ Reduces bronchospasms



Delivery Devices:

Metered Dose Inhalers (MDI's):

- Metered dose inhalers have plastic cases in the shape of an “L” and a metal canister inserted into it. Medication is delivered at a high speed

How to use a metered dose inhaler without spacer

- 1) Remove cap from the mouthpiece of the inhaler
 - 2) Hold inhaler upright and shake
 - 3) Breathe out
 - 4) Tilt your head back
 - 5) Place the puffer in mouth and seal with lips
 - 6) Breathe in deeply through the inhaler, while pressing down on the inhaler
 - 7) Remove puffer from mouth, close mouth and hold breath for up to 10 seconds
 - 8) Breathe out slowly through the nose
 - 9) Replace the cap on the inhaler
- ✓ If further doses are required, repeat the above steps
 - ✓ The casualty should have 4 normal breaths between each firing of the inhaler
 - ✓ If using a metered dose inhaler for preventer medication, take the correct dosage as prescribed by your doctor

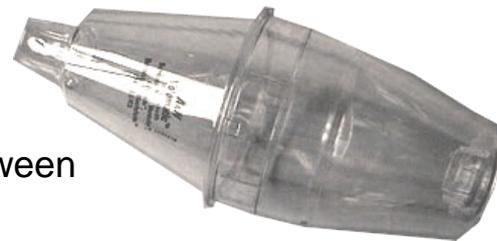


How to use a metered dose inhaler with spacer

- 1) Remove cap from the mouthpiece of the inhaler
- 2) Place the inhaler into the spacer
- 3) Hold inhaler upright and shake
- 4) Breathe out
- 5) Tilt your head back
- 6) Place the spacer into the mouth and seal with lips
- 7) Pressing down on the inhaler
- 8) Breathe in deeply through the spacer holding your breath for up to 10 seconds or as long as comfortable. You do this for 4 breaths



- 9) Remove spacer from mouth
 - 10) Replace the cap on the inhaler
- ✓ If further doses are required, repeat the above steps
 - ✓ The casualty should take 4 normal breaths between each firing of the inhaler
 - ✓ If using a metered dose inhaler for preventer medication, take the correct dosage as prescribed by your doctor



Autohalers:

- Autohalers have plastic cases in the shape of an “L” and a metal canister inserted into it. It has a lever on the top, and is an automatic puffer as it automatically fires the puffer when it senses breathing through the mouthpiece.
- The Autohaler is used for people who have trouble co-ordinating between inhaling and firing an MDI.

How to use an Autohaler

- 1) Shake the autohaler
 - 2) Remove cap from the mouthpiece of the Autohaler
 - 3) Hold the Autohaler upright, ensuring you do not block the vents on the bottom
 - 4) Push up the lever on the top of the Autohaler
 - 5) Breathe out
 - 6) Tilt your head back
 - 7) Place Autohaler in mouth and seal with lips
 - 8) Breathe in deeply through the Autohaler
 - 9) The Autohaler will automatically fire. Continue to breathe in after you hear the Autohaler fire.
 - 10) Remove Autohaler from mouth, close mouth and hold breath for up to 10 seconds
 - 11) Breathe out slowly through the nose
 - 12) Push the lever on the Autohaler closed
- ✓ If further doses are required, repeat the above steps
 - ✓ The casualty should take 4 normal breaths between each firing of the inhaler
 - ✓ If using a Autohaler for preventer medication, take the correct dosage as prescribed by your doctor



Accuhalers:

- Accuhalers are a dry powder inhaler. The medication inside is in the form of a dry powder, if it gets wet it will not work.
- Accuhalers are plastic and round in shape, which usually have two colours on them.
- Accuhalers are breath activated. The powder medication is sucked from the Accuhaler rather than being fired like other inhalers.

How to use an Accuhaler:

- 1) Using one hand, hold the Accuhaler at the base
 - 2) Place your thumb of the other hand on the thumb grip
 - 3) To open the Accuhaler, push the thumb grip around until you hear it click
 - 4) To load the medication, push the lever until you hear it click
 - 5) Breathe out, away from the Accuhaler
 - 6) Place Accuhaler in your mouth, and seal with lips
 - 7) Breathe in deeply through the Accuhaler up to 5 seconds
 - 8) Remove Accuhaler from mouth, and hold breath for up to 10 seconds
 - 9) Breathe out slowly through the nose away from the Accuhaler
 - 10) Close the Accuhaler
- ✓ If further doses are required, push the lever back to the start and repeat the above steps
 - ✓ The casualty should take 4 normal breaths between each firing of the inhaler
 - ✓ If using an Accuhaler for preventer medication, take the correct dosage as prescribed by your doctor



Turbuhalers:

- Turbuhalers are a dry powder inhaler. The medication inside is in the form of a dry powder, if it gets wet it will not work.
- Turbuhalers are plastic and in the shape of a tube. They have a removable cover and a twisting base
- Turbuhalers are breath activated. The powder medication is sucked from the Turbuhaler rather than being fired like other inhalers



How to use a Turbuhaler:

- 1) Unscrew the cover and remove it
 - 2) Hold the Turbuhaler upright.
 - 3) To load the medication, twist the base to the right and back to the left.
You will hear it click
 - 4) Breathe out, away from the Turbuhaler
 - 5) Place the Turbuhaler in your mouth and seal with lips
 - 6) Breathe in deeply through the Turbuhaler up to 5 seconds
 - 7) Remove Turbuhaler from mouth and hold breath for up to 10 seconds
 - 8) Breathe out slowly through the nose away from the Turbuhaler
- ✓ If further doses are required, repeat the above steps
 - ✓ The casualty should take 4 normal breaths between each firing of the inhaler
 - ✓ If using a Turbuhaler for preventer medication, take the correct dosage as prescribed by your doctor

Treatment:

- ✓ ***Follow the casualties own asthma management plan***

If the casualty does not have an asthma management plan then follow the 4x4x4 asthma management plan

The four step asthma management plan

Step 1:

- ✓ Sit the person down. NEVER LAY AN ASTHMATIC DOWN WHO IS HAVING AN ATTACK
- ✓ Remain calm
- ✓ Provide reassurance. Encourage slow breathing
- ✓ Do not leave the casualty alone

Step 2:

- ✓ Give 4 puffs of a blue reliever inhaler
- ✓ One puff at a time through a spacer
- ✓ Ask the casualty to take 4 breaths from the spacer after each puff
- ✓ Shake puffer after each firing

- ✓ If no spacer is available, use a blue reliever inhaler on its own

Step 3:

- ✓ Wait 4 minutes

Step 4:

- ✓ If there is little or no improvement, repeat steps 2 and 3
- ✓ If there is still little or no improvement, call for an Ambulance immediately

Whilst waiting for the Ambulance reassure the casualty and tell them to continue using their reliever inhaler at the rate of 4 puffs every 4 minutes

In a severe attack the adult dose may be exceeded to 6 to 8 puffs every 5 minutes. This reliever medication works by increasing the size of the airways by reducing inflammation, which helps the casualty to breathe more easily and recover from the attack

- ✓ Children can deteriorate rapidly – beware of the ASTHMATIC CHILD
- ✓ If an asthmatic is not able to talk, they are in a life-threatening situation. Call 000 immediately (112 Mobiles)
- ✓ Asthma attacks can be frightening. Reassure the casualty

Spacers:

Using a spacer with an inhaler is more effective than using an inhaler by itself as:

- ✓ Four times more medication reaches the lungs than when using an inhaler alone.
- ✓ When using an inhaler alone, approximately 10% of medication reaches the lungs, when using an inhaler and spacer, 40% reaches the lungs
- ✓ It reduces side effects of medications as more medication is deposited into the lungs
- ✓ It makes inhaler medications easier to take than using the puffer alone and enables a first aider to assist in administering medication when necessary

National Asthma Foundation recommends that all people with asthma use a spacer to take their inhaler medications

Cleaning of a spacer:

Before using a plastic spacer for the first time, you need to:

- ✓ Wash in warm soapy water
- ✓ Allow to air dry
- ✓ Do not rinse or wipe dry

Due to health regulations, the national Asthma Foundation now recommends the use of disposable spacers in an organisations Asthma Emergency First Aid Kit.

For more information on Asthma, and Asthma management please contact:

Asthma NSW on www.asthmansw.org.au 02 99063233

OR

Asthma Australia on www.asthmaaustralia.org.au 03 96967861

Personal Asthma Management Plan

Name: Anne Sparkes

Date of Birth: 00/00/too long ago

Phone Number: 02 44444444

Emergency Contact: My Husband

Preventative Medication: Tilade MDI. 2 puffs both morning and night via a spacer

Known Triggers: Cold weather or water, colds, latex, bananas
Eg: Pollens, stress, dust, exercise, foods, animal dander, smoke.

Signs & Symptoms: Tight chest, wheeze, breathing difficulties, sometimes a seal like cough
Eg: Shortness of breath, wheeze, cough, tight chest, blue lips, difficulty in breathing, cyanosis

Treatment: Reliever Medication: Ventolin or Asmol

Reliever Medications Using a spacer, deliver 4 puffs - taking 4 breaths for every puff of my reliever puffer
Eg: Ventolin, Asmol, Bricanyl, Airomir,

Medical Follow up: Only if my symptoms persist

If my condition persists or worsens then:

Apply the 4x4x4 Asthma Management Plan

1. Sit the casualty upright, and reassure them
2. Give the casualty their reliever medication
3. Shake the puffer
4. If using a spacer, the casualty should have 4 breaths from the spacer, holding their breath for up to 4 seconds for every puff in the spacer
5. If no spacer available give 4 breaths holding their breath for up to 4 seconds
6. Monitor the casualty
7. If there is no improvement after 4 minutes, give the casualty another 4 puffs
8. If there is still no improvement call for an Ambulance on 000 or 112
9. While awaiting the Ambulance, the casualty can have 4 puffs every 4 minutes

If the casualty's condition worsens or they cannot talk, call for an Ambulance immediately

Asthma Action Plan

Name _____ Date _____

When well	Known triggers
Daily medication is _____	
Dosage will be _____ Puff/Tablets ____ Amount	
If signs of wheezing shortness of breath occur	
Medication is _____	
take _____ puffs <input type="checkbox"/> using a spacer	

Mild Asthma if using your puff more than 3 times a week,	
Daily medication is _____	More info
Dosage will be _____ Puff/Tablets ____ Amount	
Reliever medication	
Medication is _____	
take _____ puffs <input type="checkbox"/> using a spacer	

Moderate Asthma needing to you your asthma reliever within 3 hours	
Daily medication is _____	More info
Dosage will be _____ Puff/Tablets ____ Amount	
Reliever medication	
Medication is _____	
take _____ puffs <input type="checkbox"/> using a spacer	

Emergency speaks in single words only
Call for an Ambulance 000 or 112 mobile
take _____ puffs <input type="checkbox"/> using spacer, wait _____ minutes
if no improvement
take _____ puffs <input type="checkbox"/> using spacer, every _____ minutes until Ambulance

What are allergies:

An allergy is a hyper-sensitivity disorder of the immune system.

Allergic reactions occur when a person's immune system reacts to a normally harmless substance in their environment. The substance that causes a reaction is known as an "allergen". An allergen is something that triggers or generates an allergy. An allergen is almost always a protein that is treated by our immune system as a foreign substance. The immune system's function is to protect the body from foreign substances that invade our body. Contact or ingestion of this allergen, sets off a chain reaction to our immune system, causing swelling of the airways, loss of blood pressure causing shock, loss of consciousness and possibly anaphylaxis.

Reactions to these allergens can start almost immediately after exposure and can progress rapidly and always needs immediate attention. This reaction can result in an inflammatory response which can cause discomfort or a dangerous situation.

Mild to moderate Reactions:

Mild to moderate reactions can cause:

- ✓ Hay-fever like symptoms
 - Red eyes
 - Runny nose
 - Sneezing
 - Watery eyes
- ✓ Itchiness
- ✓ Redness, rashes, welts or hives
- ✓ Eczema
- ✓ Tingling mouth
- ✓ Tight chest
- ✓ Wheeze or cough (Asthma – bronchoconstriction)

- ✓ Swelling of the face, lips, tongue and throat
- ✓ Stomach cramps and/or bloating and vomiting (usually associated with insect allergies)

What is Anaphylaxis:

Anaphylaxis or anaphylactic shock is a potentially life-threatening allergic reaction and needs to be treated immediately.

Anaphylaxis is a reaction that can affect 2 or more systems of the body simultaneously.

Systems affected can be:

- ✓ Respiratory tracts, both upper and lower
- ✓ Cardio-vascular system
- ✓ Gastrointestinal tract

Anaphylactic Reactions:

Anaphylactic reactions can cause:

- ✓ Asthma (bronchoconstriction)
- ✓ Tight chest
- ✓ Swollen lips, tongue, and throat
- ✓ Difficulty in speaking
- ✓ Rapid pulse
- ✓ Stomach cramps (usually associated with insect allergies)
- ✓ Vomiting
- ✓ Blue lips
- ✓ Shock
- ✓ Pale and floppy (especially in children)
- ✓ Unconsciousness

Triggers of allergic reactions:

Common food allergens:

- ✓ Peanuts
- ✓ Tree nuts including; pecans, pine nuts, pistachio's, walnuts and coconuts
- ✓ Dairy products
- ✓ Eggs
- ✓ Seeds including; sesame, and poppy
- ✓ Shell fish and fish
- ✓ Wheat
- ✓ Fruit and vegetables
- ✓ Additives and preservatives

Common non food allergens:

- ✓ Latex including; gloves, swimming caps, balloons and condoms
- ✓ Insects stings including; bees, ants and mosquitoes
- ✓ Medications including; pain killers, antibiotics, and anaesthesia

Common environmental / occupational allergens:

- ✓ Chemicals including perfumes
- ✓ Plants

First Aid Treatment:

Mild to moderate reaction:

- ✓ If casualty's action plan is available, follow the plan
- ✓ If stung by an insect, remove the stinger (except ticks)
- ✓ If casualty has medication prescribed, e.g. antihistamine tablets, cream or eye drops, hand them to the casualty for administration.
- ✓ If casualty need's to use an asthma reliever puffer, follow the 4x4x4 asthma management plan
- ✓ If airway or lips are swollen, apply a cold compress to help reduce the swelling

- ✓ Next of kin or guardian should be contacted
- ❖ Continue to monitor the casualty's condition.

- ❖ A casualty can have a secondary reaction, sometimes worse after the initial reaction has occurred

- ❖ If the casualty's condition deteriorates call for an Ambulance and administer an Adrenaline auto-injector if one is available

Anaphylactic reaction:

- ✓ If the casualty's action management plan is available follow the plan
- ✓ If the casualty's action management plan is unavailable, follow ASCIA's Management plan
- ✓ Administer the Adrenaline auto-injector
- ✓ Call for an Ambulance immediately. This condition is life-threatening
- ✓ Lay the casualty flat
- ✓ If the casualty is having breathing difficulties, allow them to sit up.
DO NOT ALLOW THE CASUALTY TO STAND
- ✓ If swelling of the neck occurs, apply a cold compress or ice pack to help reduce the swelling
- ✓ Contact next of kin or guardian

- ❖ ***When you call for an Ambulance ensure that you tell them that an Adrenaline auto-injector has been administered***

- ❖ ***The Adrenaline auto-injector does not treat the reaction, it keeps the body's systems working until Medical treatment is administered***

Monitor casualty's condition.

- ✓ After 5 minutes, if there is no change in the casualty's condition or the casualty's condition deteriorates, and a second Adrenaline auto-injector is available, another dose may be administered.

Unsure whether to administer Adrenaline Auto-injector

- ✓ Adrenaline is life saving, and must be administered immediately.
- ✓ By not administering an Adrenaline auto-injector, the casualty's condition will deteriorate and the casualty can die.
- ✓ If the casualty is in cardiac arrest, administer the Adrenaline auto-injector first, and then commence CPR

Adrenaline Auto-injectors:

Adrenaline auto-injectors are only to be used in an anaphylactic reaction. The Adrenaline (epinephrine) auto-injector:

- ✓ Shrinks the abnormally wide blood vessels
 - ✓ Makes the heart beat stronger, improving the low blood pressure
 - ✓ Relaxes the lungs, easing the casualty's breathing and wheezing
 - ✓ Helps stop the swelling of the mouth, tongue and lips
 - ✓ Helps stop itchiness, rashes and welts
- Adrenaline auto-injectors have a spring activated needle.
 - Administers a pre-measured dose of adrenaline
 - Is single use only

There are 2 brands of Adrenaline auto-injectors.

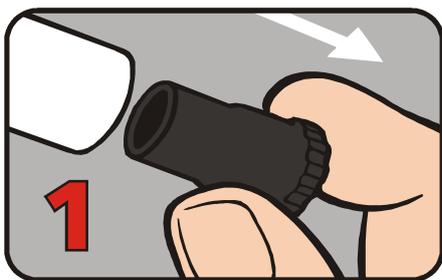
- Epi-Pen
 - ✓ Epi-Pen
 - ✓ Epi-Pen Jr (usually used for children who weigh between 15kg to 30kg)
 - Anapen
 - ✓ Anapen
 - ✓ Anapen Jr – usually used on children aged between 1 – 5 years
- ✓ *Before using an Adrenaline auto-injector, you should:*

- Check the expiry date on the auto-injector
- Check the auto-injector has not been fired
- Check the colour of the liquid in the viewing window
- ✓ *When not to use an Adrenaline auto-injector:*
 - If the auto-injector is out of date
 - If the liquid is cloudy or not clear in colour
 - You can see sediment floating in the liquid through the viewing window
 - If the auto-injector has been fired
 - If the auto-injector has been stored in bright light
 - If the auto-injector has been stored in the fridge or freezer

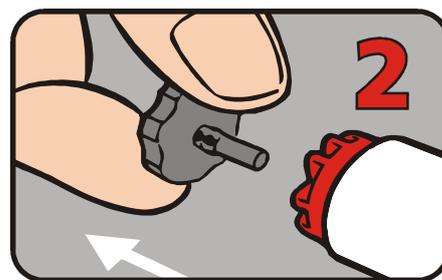
Possible side effects may include:

- | | |
|---------------------------|---------------------------|
| ✓ Increased heart rate | ✓ Weakness |
| ✓ Difficulty in breathing | ✓ Tremors |
| ✓ Shortness of breath | ✓ Headache |
| ✓ Dizziness | ✓ Restlessness or anxiety |
- These side effects may not occur. If they do occur, they are usually only minor and affect the casualty for a short period of time.

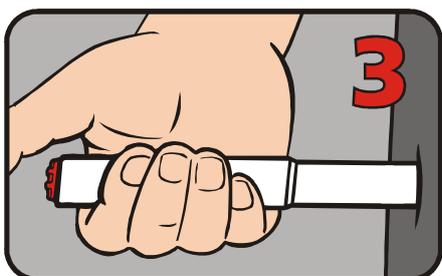
How to administer an Anapen



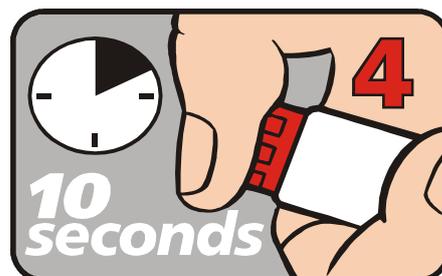
Pull off black needle shield



Pull off grey safety cap From red end



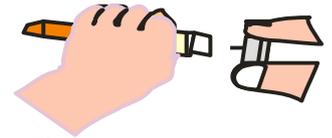
Press red button so it clicks and hold for 10 seconds. Remove Anapen and Do Not touch needle. Massage injection site for 10 seconds



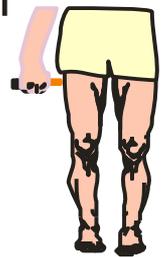
How to administer an EpiPen or EpiPen Jr:

A casualty who has been diagnosed with suffering from Anaphylaxis, should always carry around their own medication, to be administered if required.

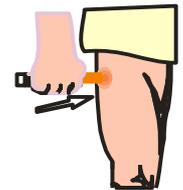
Step 1: Form a fist around the EpiPen and pull off the safety cap.



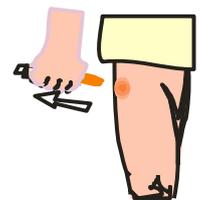
Step 2: Place the needle end of the EpiPen against the fleshy part of the outer thigh. The needle will penetrate through jeans.



Step 3: Push the EpiPen hard against the leg until you hear a click. Hold the EpiPen in place for 10 seconds.



Step 4: Remove the EpiPen from the thigh, being careful not to touch the needle. Discard the EpiPen safely in a sharps container.



Step 5: Massage the thigh for 10 seconds.



CALL FOR AN AMBULANCE IMMEDIATELY:

Tell the operator that the casualty is having an anaphylactic reaction & that an Epi-pen has been administered.

More information can be found at: www.allergy.org.au

Personal Allergy Management Plan

Name: Anne Sparkes
Date of Birth: 00/00/too long ago
Phone Number: 02 44444444
Emergency Contact: My husband

Mild to Moderate Allergic Reactions:

Known Allergies: Banana's, latex, morphine, flu-shot, pollens
Eg: Bites and stings, foods, medicines, others

Signs & Symptoms: Itchiness, red rash or welts, tight chest, slight wheeze or a seal like cough
Eg: Swelling of lips, swollen airway, hives, welts or rashes, abdominal pain, tingling mouth

Treatment:

- Take 2 anti-histamine tablets
- Apply anti-histamine cream
- Take asthma reliever puffer via spacer. 4 breaths for every 4 puffs

Eg: Antihistamine tablet, eye-drops or cream

Medical Follow up: Is advisable

Anaphylactic Reaction:

Triggers: Banana's, latex, morphine, flu-injection
Eg: Foods, bites and stings, medicines, latex or others

Signs & Symptoms: Tight chest, swollen neck, wheeze and a bark-like seal cough, welts, red rash, breathing difficulties
Eg: Breathing difficulties, swollen tongue, throat, wheeze, dizziness, tightening throat

Treatment:

- If anti-histamines and asthma reliever medication do not work
- Administer an Epi-pen in outer thigh.
- After 10 minutes, if condition has not improved, or condition worsens, administer another Epi-pen
- Apply an ice-pack to swollen neck
- Call for an Ambulance ASAP – 000 or 112

Eg: Adrenaline Auto-Injector

Lay casualty down unless having breathing difficulties then sit up

Call 000 or 112

Call emergency contact

