**Anaphylaxis incident reporting template for children’s education and care (including outside schools hours care) services**

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| **Child’s name:** | | **Child’s Date of birth:** |
| **Date of allergic reaction:** | | **Time of allergic reaction**: |
| **Name/s and position/s of staff member/s who provided first aid** |  | |
| **Symptoms observed** (tick all symptoms that were observed) | Swelling of lips, face, eyes  Tingling mouth  Hives or welts  Abdominal pain, vomiting  Difficult/noisy breathing  Swelling of tongue  Swelling/tightness in throat  Wheeze or persistent cough  Difficulty talking or hoarse voice  Persistent dizziness or collapse  Pale and floppy  Other (please specify): | |
| **Where was the child when the allergic reaction occurred?** |  | |
| **Where was the child treated?** |  | |
| **What is the likely cause of the allergic reaction?** |  | |
| **Was the child exposed to a known allergen?**  **If yes, what allergen?**  **If yes, how did this occur?** | Yes  No  Not sure  Please specify:  Please specify: | |
| **Does the child have an ASCIA Action Plan?** | ASCIA Action Plan for Anaphylaxis (red)  ASCIA Action Plan for Allergic Reactions (green)  ASCIA Action Plan for Drug (medication) Allergy  No  Not sure | |
| **Was the child’s ASCIA Action Plan followed?** | Yes  No (Please specify):  Child did not have an ASCIA Action Plan  ASCIA First Aid Plan for Anaphylaxis was followed  Other (please specify) | |
| **During the allergic reaction, was the child positioned to either be laying flat or sitting with their legs outstretched or if a baby, the baby was held horizontal across the adult’s body (so that they are not upright)?** | Yes  No (please specify): | |
| **Was the child’s prescribed adrenaline injector given?**  **If not, why?** | Yes  No  Child does not have a prescribed adrenaline injector  Expired  Misfired  Not close by  Other (please specify): | |
| **Was a general use (not prescribed to a child) adrenaline injector used?**  **If so, why?** | Yes  No  Child has not been diagnosed with an allergy  Child has not been prescribed an adrenaline injector but has ASCIA Action Plan for Allergic Reactions (green)  Second dose needed  Child’s prescribed device was expired  Child’s prescribed device misfired  General use device was closer to hand than prescribed device  Other (please specify): | |
| **How long after observing anaphylaxis symptoms was the adrenaline injector given?** | Less than 5 minutes  Between 5-10 minutes  Between 10-20 minutes  Other (please specify): | |
| **What other medications were given by CEC service staff?** | Antihistamine (e.g. Claratyne®, Zyrtec®)  Asthma reliever (e.g. Ventolin®)  Additional adrenaline doses  Other (please specify): | |
| **Was an ambulance called?** | Yes  No (please specify): | |
| **How was the child transported to the ambulance?** | Walked  Carried  Stretchered  Other (please specify): | |
| **Was the child transported to hospital?**  **If yes:**  **Was the child’s ASCIA Action Plan taken with the child?**  **Was the child’s prescribed adrenaline injector taken with the child?** | Yes  The name and role of the person who accompanied the child:  No (please specify):  Yes  No  Yes  No | |
| **Was the parent/emergency contact called?** | Yes  No (please specify): | |
| **Please provide any other information in relation to this incident** |  | |

Full name of the person completing this record:

Signature:

Position:

Date:

Has this record been made available to the parent/family and doctor of the child?

Date provided to family:

Date provided to doctor: