Planning and Documentation for anaphylaxis

Parent/guardian advises education or care service of child or young person at risk of anaphylaxis

**YES**

**ASCIA Action Plan**
(completed by treating medical professional and provided to the education or care service by parent/guardian)

**NO**

**Incident of anaphylaxis**
(where no ASCIA Action Plan or Health Support Agreement in place)

**NO**

Encourage parent/guardian to:
- consult with a medical professional
- obtain **ASCIA Action Plan**

**YES**

Child or young person is prescribed an **Adrenaline Autoinjector (Epipen®)** by treating medical professional

**YES**

Complete Carrying and/or Self Administration of Medication decision making tool (optional, for 10 years and over)

**NO**

**First Aid treatment for Anaphylaxis** in the event of anaphylaxis

**YES**

**HEALTH SUPPORT AGREEMENT**

Education or care service to complete a Health Support Agreement in consultation with parent/guardian.

Health Support Agreement may be developed from ASCIA Action Plan

**YES**

This document has been developed by, and has co-ownership with the Department for Education and the Women’s and Children’s Health Network Disability Services: Access Assistant Program.