# ANAPHYLAXIS ATTACK PROTOCOL

## How to recognise an anaphylaxis attack

The signs of anaphylaxis may include:

- Swelling of the lips, face, tongue or throat
- Difficulty breathing, noisy breathing, wheezing or gasping
- A sudden, persistent cough
- Skin reactions such as hives, flushing or widespread itching
- Feeling faint, dizzy or appearing pale
- Collapse or loss of consciousness
- The child may say their throat feels “tight” or they “can’t breathe”
- Younger children may become suddenly quiet, clingy or distressed

**Call an ambulance immediately and commence the anaphylaxis procedure without delay if the child:**

- Has swelling affecting breathing or swallowing
- Shows signs of breathing difficulty
- Appears faint, floppy or confused
- Has a blue/white tinge around their lips
- Collapses or becomes unresponsive

**What to do in the event of an anaphylaxis attack:**

- Keep calm and reassure the child.
- Lay the child flat with legs raised. If breathing is difficult, allow them to sit up but do not let them stand or walk.
- Use the child’s own adrenaline auto-injector (AAI) – if not available, use the spare emergency AAI.
- Administer the AAI immediately into the outer thigh.
- Call 999 and state “anaphylaxis – adrenaline given”.
- Stay with the child and monitor their breathing and responsiveness.
- If symptoms do not improve after 5 minutes, give a second AAI (if available).
- Do not give food or drink.
- Continue to reassure the child and keep them still until the ambulance arrives.
- Record the incident and inform parents as soon as possible.

We are committed to reviewing our policy and good practice annually.
This policy was last reviewed on: 01 September 2026

Signed: 

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