

Food Allergy Action Plan

Emergency Care Plan

Name: _____ D.O.B.: ___/___/___

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____

THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or **combination** of symptoms from different body areas: SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips) GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE* (see below) IMMEDIATELY

2. Call 911

3. Give additional medications: - antihistamine (e.g. Benadryl – see dose below**) -inhaler (bronchodilator) if having asthma symptoms

4. Can repeat dose if still having significant symptoms

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face, mild itch

GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE (e.g. Benadryl – **see dose below)

2. Stay with child; alert healthcare professionals and parent

3. If symptoms progress (see above), USE EPINEPHRINE

*Epinephrine IM: EpiPen 0.30 EpiPen Jr. 0.15 Auvi-Q 0.30 Auvi-Q Jr. 0.15

**Benadryl (diphenhydramine): Circle

Age	0-2 years	2-5 years	5-8 years	8-12 years	12-16 years	Over 16 years
Liquid	3/4tsp	1 tsp	1 1/2 tsp	2 tsp	3 tsp	4 tsp
Tablet	10 mg	12.5 mg	18 mg	25 mg	37 mg	50 mg

Parent/ Guardian Signature

Date

Physician/Healthcare Provider Signature

Date

Phone

Phone

Phone

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

EpiPen Auto-Injector and EpiPen Jr Auto-Injector Directions

- First, remove the EpiPen Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.
Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds.



EpiPen™, EpiPen 2-Pak™, and EpiPen Jr 2-Pak™ are registered trademarks Mylan.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Other Emergency Contacts

Name/Relationship: _____

Phone: () _____

Name/Relationship _____

Phone: () _____

Modified from FAAN Form 4/1/13
www.foodallergy.org

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