

# Food Allergy Action Plan

## Emergency Care Plan

School Year: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

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

Student is ***EXTREMELY REACTIVE*** to the following foods: \_\_\_\_\_  
THEREFORE: (check one of the following)

- 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

**Medications/Doses:** (to be filled out by Healthcare Provider)

\*Epinephrine: (brand and dose) \_\_\_\_\_

\*\*Antihistamine: (brand and dose) \_\_\_\_\_

Other (e.g. inhaler – bronchodilator if asthmatic): \_\_\_\_\_

\_\_\_\_\_  
Physician/Healthcare Provider Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

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Name: \_\_\_\_\_ D.O.B.: \_\_\_ / \_\_\_ / \_\_\_

## Food Allergy History: (to be filled out by Parent/Guardian)

Number of Allergic Reactions in the past: \_\_\_\_\_

When your child has had a Food Allergy Reaction in the past, describe what his/her reaction looked like:

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How have your child's past reactions been treated? \_\_\_\_\_

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Number of times an Epinephrine Pen has used: \_\_\_\_\_

Number of Visits to Emergency Room/Hospital for Allergic Episode: \_\_\_\_\_

## Emergency Contact Information:

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_

## Alternate Emergency Contacts

Name/Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### 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).**