

Food Allergy Action Plan

**Place
Child's
Photo
Here**

Student's Name: _____ D.O.B.: _____ Teacher: _____

Allergy to: _____ Asthmatic: Yes* No *Higher risk for severe reaction

■ STEP 1: TREATMENT ■

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>**To be determined by physician authorizing treatment</small>
<ul style="list-style-type: none"> ■ If a food allergen has been ingested, but <i>no symptoms</i>: 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ Mouth Itching, tingling, or swelling of lips, tongue, mouth 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ Skin Hives, itchy rash, swelling of the face or extremities 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ Gut Nausea, abdominal cramps, vomiting, diarrhea 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ Throat* Tightening of throat, hoarseness, hacking cough 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ Lung* Shortness of breath, repetitive coughing, wheezing 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ Heart* Weak or thread pulse, low blood pressure, fainting, pale, blueness 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ Other* _____ 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ■ If reaction is progressing (several of the above areas affected), give: 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

*Potentially life-threatening. The severity of symptoms can change quickly.

DOSAGE:

Epinephrine: inject intramuscularly (circle one, and see reverse side for instructions)

EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg Adrenaclick™ 0.3 mg Adrenaclick™ 0.15 mg

Antihistamine: give (medication/dose/route) _____

Other: give (medication/dose/route) _____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

■ STEP 2: EMERGENCY CALLS ■

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Dr. _____ Phone Number: _____
3. Parent _____ Phone Number(s): _____
4. Emergency contacts:

	a. Name/Relationship _____	Phone Number: _____
	b. Name/Relationship _____	Phone Number: _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

(Required)

Staff Members Trained in Epinephrine Administration: