

# Food Allergy Action Plan

## Emergency Care Plan

Place  
Student's  
Picture  
Here

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 IMMEDIATELY**

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: \*
  - Antihistamine
  - Inhaler (bronchodilator) if asthma

\*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**

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

### Medications/Doses

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

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

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

### 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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**TURN FORM OVER**

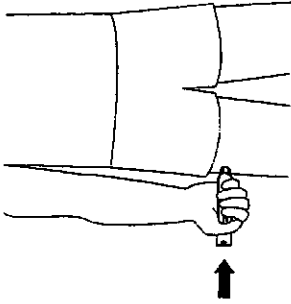
Form provided courtesy of the Food Allergy & Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) 9/2011

**EPIPEN Jr Auto-Injector and EPIPEN Jr Auto-Injector Directions**

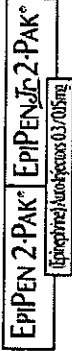
- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)

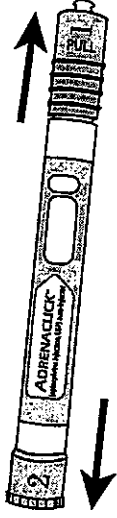


- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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**Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions**



Remove **GREY** caps labeled "1" and "2."  
Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

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).

**Contacts**

Call 911 (Rescue squad: ( ) ( ) ( ) ) Doctor: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

**Other Emergency Contacts**

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

Phone: ( ) \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_