**BALDWIN UNION FREE SCHOOL DISTRICT**

**FOOD ALLERGY ACTION PLAN**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Asthmatic Yes No

**STEP 1: TREATMENT**

**Symptoms: Give Checked Medication:**

* If a food allergen has been ingested, but *no symptoms*: EpiPen Antihistamine Monitor
* Mouth - Itching, tingling, or swelling of lips, tongue, mouth: EpiPen Antihistamine
* Skin – Hives, itchy rash, swelling of the face or extremities EpiPen Antihistamine
* Gut – Nausea, abdominal cramps, vomiting, diarrhea EpiPen Antihistamine
* **Throat** – Tightening of throat, hoarseness, hacking cough EpiPen Antihistamine
* **Lung** - Shortness of breath, repetitive coughing, wheezing EpiPen Antihistamine
* **Heart** – Thready pulse, low blood pressure, fainting, pale, cyanosis EpiPen Antihistamine
* **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EpiPen Antihistamine
* If reaction is progressing (several of the above areas affected), give EpiPen Antihistamine

The severity of the symptoms can quickly change. (**In bold** is potentially life-threatening)

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen EpiPen Jr. May self-carry

**Antihistamine**: Give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(medication/dose/route/frequency)

**Other**: Give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(medication/dose/route/frequency)

**STEP 2: EMERGENCY CALLS**

1. The district will call 223-0066 or 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Emergency Contacts:

 **Name/Relationship Phone Number(s)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCTOR’S STAMP**

Parent’s /Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_