

# Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_



ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## ◆ STEP 1: TREATMENT ◆

**Symptoms:**

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

**Give Checked Medication\*\*:**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |

To be determined by physician authorizing treatment

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

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

## ◆ 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. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____
c. _____	1.) _____ 2.) _____

**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 \_\_\_\_\_  
(Required)

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

**DOCUMENTATION**

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g. Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow up:
  - ◊ Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
  - ◊ Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
  - ◊ Specify any changes to prevent another action.

**Once treatment has been initiated and parents notified, it is the expectation that they or their designated emergency contact will sign the child out of the PCDS Health Center in a timely manner. Further evaluation by the primary care provider or Emergency Department is advised.**

**TRAINED STAFF MEMBERS**

Name \_\_\_\_\_ Room \_\_\_\_\_

Name \_\_\_\_\_ Room \_\_\_\_\_

Name \_\_\_\_\_ Room \_\_\_\_\_

**LOCATION OF MEDICATION**

- Student to carry
- Health Office/Designated Area for Medication
- Other \_\_\_\_\_

**ADDITIONAL RESOURCES**

**American Academy of Allergy, Asthma and Immunology (AAAAI)**  
 414-272-6071  
<http://www.aaaai.org>  
[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)  
[http://www.aaaai.or/members/allied\\_health/tool\\_kit/ppt/](http://www.aaaai.or/members/allied_health/tool_kit/ppt/)

**Children's Memorial Hospital**  
 773-KIDS-DOC  
<http://www.childrensmemorial.org>

**Food Allergy Initiative (FAI)**  
 202-207-1974  
<http://www.faiusa.org>

**Food Allergy and Anaphylaxis Network (FAAN)**  
 800-919-4040  
<http://www.foodallergy.org>