



# NORWICH FREE ACADEMY

## Food Allergy Action Plan

### Emergency Care Plan

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

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

Weight: \_\_\_\_\_ Asthma:  Yes  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.

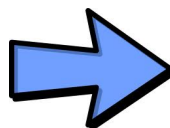
#### **Any SEVERE SYMPTOMS after suspected or known ingestion:**

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

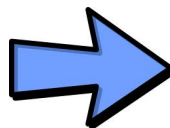


#### **Inject Epinephrine immediately**

- Call 911
- Begin monitoring (see box below)
- Give additional medications
- Antihistamine
- Inhaler (bronchodilator) if asthma

#### **MILD SYMPTOMS ONLY:**

- Mouth: Itchy Mouth
- Skin: A few hives around mouth/face, mild itch
- Gut: Mild nausea/discomfort



#### **Give Antihistamine**

- Stay with student; alert healthcare professionals and parent
- If symptoms progress (see above), USE EPINEPHRINE
- 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

PROVIDING OPPORTUNITIES... PREPARING LIVES

### How to give EpiPen® or EpiPen® Jr

**1** Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.

**2** PLACE BLACK END against outer mid-thigh (with or without clothing).

**3** PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

**4** REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

**1) Pull Off RED safety guard**

**2) Place BLACK end AGAINST OUTER THIGH, then PRESS FIRMLY and hold for 5 seconds**

A food allergy response kit should contain 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: \_\_\_\_\_

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

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

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

Other Emergency Contacts

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

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

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

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

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