Food Allergy Action Plan

Student's Name:	D.O.B:Teacher:		Place Child's
ALLERGY	TO:		Picture
Asthmatic Y	Yes* No *Higher risk for severe reaction		Here
G	◆ <u>STEP 1: TREATMENT</u> ◆		and the state
Symptoms:		Checked Medicermined by physician	cation**: n authorizing treatment)
 If a food a 	ullergen has been ingested, but no symptoms:	☐ Epinephrine	☐ Antihistamine
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
■ Skin	Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine
Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
■ Throat†	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
Lung†	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
Heart†	Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
Other†		☐ Epinephrine	☐ Antihistamine
 If reaction 	is progressing (several of the above areas affected), give	☐ Epinephrine	☐ Antihistamine
The severity of	symptoms can quickly change. †Potentially life-threatening.		
Antihistami	ne: give		
Other: give_	medication/dose/route		
	◆ <u>STEP 2: EMERGENCY CALLS</u> ◆	•	
1. Call 911 (o may be nee	or Rescue Squad:) . State that an allergic r	eaction has been	treated, and additional epinephrine
2. Dr	at		
3. Emergency Name/Relation			
a	1.)	2.)	·····
b	1.)	2.)	<u> </u>
c	1.)	2.)	
EVEN IF PARE	ENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICAT	E OR TAKE CHII	LD TO MEDICAL FACILITY!
Parent/Guardia	an Signature	Date	
Doctor's Signa	ature(Required)	Date	
J	(Required)		

TRAINED STAFF MEMBERS			
1	Room		
2	Room		
3	Room		

EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap.



 Hold black tip near outer thigh (always apply to thigh).



Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.





Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.