Food Allergy Action Plan
Emergency Care Plan

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

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort

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) 9/2011
EPIPen 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.

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.

Contacts
Call 911 (Rescue squad: (___) ____-_______) Doctor: ________________ Phone: (___) ____-_______
Parent/Guardian: ________________________________ Phone: (___) ____-_______

Other Emergency Contacts
Name/Relationship: ________________________________ Phone: (___) ____-_______
Name/Relationship: ________________________________ Phone: (___) ____-_______