

# Food Allergy Action Plan

## Emergency Care Plan

Place  
Student's  
Picture  
Here

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



**1. INJECT EPINEPHRINE IMMEDIATELY**

- 2. Call 911
- 3. Begin monitoring (see box below)
- 4. Give additional medications: \*
  - Antihistamine
  - Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

**MILD SYMPTOMS ONLY:**

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



**1. GIVE ANTIHISTAMINE**

- 2. Stay with student; alert healthcare professionals and parent
- 3. If symptoms progress (see above), USE EPINEPHRINE
- 4. 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.

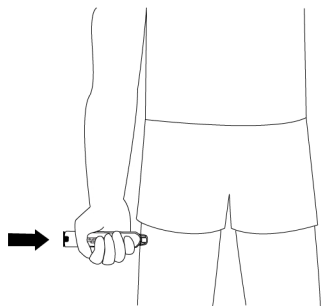
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician/Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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)

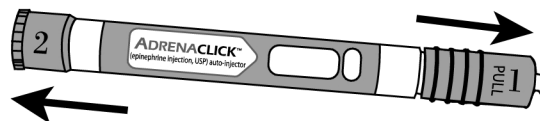


- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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## 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: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## Other Emergency Contacts

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

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_