

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 _____

TURN FORM OVER

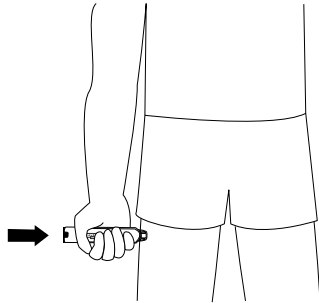
Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011

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)

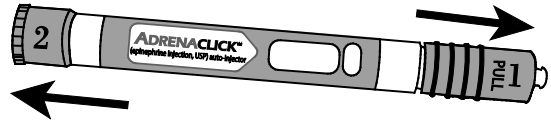


- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey Logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

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.

A food allergy response kit should contain at least two doses of 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: _____

Parent/Guardian: _____

Phone: () - _____

Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____

Name/Relationship: _____

Phone: () - _____

Phone: () - _____

DUNLAP COMMUNITY UNIT SCHOOL DISTRICT #323

INDIVIDUAL HEALTH CARE PLAN - Confidential

School Year _____ - _____

Severe Allergy Individual Health Care Plan (IHCP)

Student's Name: _____ DOB: _____ Grade: _____

Parents/Guardian: _____ Bus: Yes ___ No ___ Bus # _____

Known Allergen(s): _____

Location of Epinephrine Auto-Injector(s): _____

Name of condition: Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction.

- ISBE Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools will be followed.
- Dunlap School District Employees will be trained in recognition of allergy symptoms and administration of the epinephrine auto-injector.

Classroom

- Any food given to student must be approved by parent.
- Parent/guardian should be advised of any planned parties as early as possible.
- No food or products containing the student's allergens will be used in classroom projects, snacks or celebrations.
- Middle school or high school student is dependable to make own decision. Yes ___ No ___

Bus

- Transportation will be alerted to student's allergy
- Student will sit in front of bus: Yes ___ No ___
- If self-carrying Epinephrine, it is located in: Backpack ___ Purse ___ Other(specify) _____

Field Trip Procedures

- Parent should be notified early in the planning to address any risk of allergen exposure.
- Epinephrine will accompany student during off campus activities.
- High school students will be responsible for

Cafeteria

- Child must wash his/her hands with soap and water or use cleansing wipe before eating. Yes ___ No ___
- Cafeteria staff will be alerted to student's allergy.
- Peanut/nut free area available in the lunchroom
Student must sit at a specified allergy free table Yes ___ No ___
- Cafeteria menu is available online
- Complete list of menu ingredients can be accessed through the Food Services web site

Parent/Guardian Signature _____

Date _____

Nurse Signature _____

Date _____