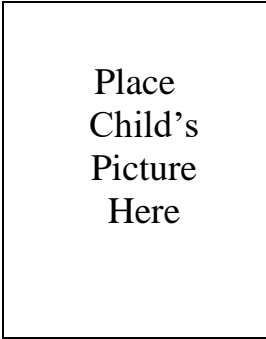


# Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_



ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## STEP 1: TREATMENT

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
If a food allergen has been ingested, but <i>no symptoms</i> :	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†    Weak or 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

†Potentially life-threatening. The severity of symptoms can quickly change.

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

## STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parent \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

4. Emergency contacts:  
 Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Required)

**TRAINED STAFF MEMBERS**

1. \_\_\_\_\_

Room \_\_\_\_\_

2. \_\_\_\_\_

Room \_\_\_\_\_

3. \_\_\_\_\_

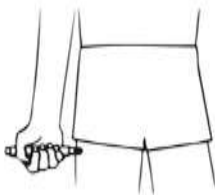
Room \_\_\_\_\_

**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**



**Remove caps labeled "1" and "2."**

**Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**



**SECOND DOSE ADMINISTRATION:**

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

**Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**



**Slide yellow 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.*



June/2007