Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic? Yes* ☐ No ☐ * Higher risk for severe reaction

PLACE CHILD'S PICTURE HERE

♦ STEP 1: TREATMENT ♦

Symptoms:	Give Checked Medication **: **(To be determined by physician authorizing treatment)
■ If a food allergen 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† - Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
■ Other† - _____	☐ Epinephrine ☐ Antihistamine
■ If reaction is progressing (several of the above areas are affected), give:	☐ Epinephrine ☐ Antihistamine

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

DOSAGE

Ephinephrine: inject intramuscularly (circle one and see the attached page for instructions)

EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace ephinephrine in anaphylaxsis

♦ STEP 2: EMERGENCY CALLS ♦

1. Call 911 - State that an allergic reaction has been treated, and additional ephinephrine may be needed.
2. Dr. _____ Phone Number: _____
3. Parent _____ Phone Number (s): _____
4. Emergency Contacts:

Name/Relationship	Phone Number(s)
a. _____	1. _____ 2. _____
b. _____	1. _____ 2. _____

EVEN IF PARENTS/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)