

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

Asthma:  Yes (higher risk for a severe reaction)  No

PLACE  
STUDENT'S  
PICTURE  
HERE

## For a suspected or active food allergy reaction:

### FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



#### LUNG

Short of breath, wheezing, repetitive cough



#### HEART

Pale, blue, faint, weak pulse, dizzy



#### THROAT

Tight, hoarse, trouble breathing/ swallowing



#### MOUTH

Significant swelling of the tongue and/or lips



#### SKIN

Many hives over body, widespread redness



#### GUT

Repetitive vomiting or severe diarrhea



#### OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

### 1. INJECT EPINEPHRINE IMMEDIATELY.

### 2. Call 911. Request ambulance with epinephrine.

- Consider giving additional medications (following or with the epinephrine):
  - » Antihistamine
  - » Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

### MILD SYMPTOMS

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



#### NOSE

Itchy/runny nose, sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives, mild itch



#### GUT

Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN

- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

### MEDICATIONS/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_