

Food Allergy Action Plan

Place
Child's
Picture
Here

Student's Name: _____ D.O.B: _____ Teacher: _____
 Allergy to: _____ Asthmatic: Yes* No *Higher risk for severe reaction

■ 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 affected), give: Epinephrine Antihistamine

DOSAGE

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

a. Name/Relationship _____ Phone Number: _____

b. Name/Relationship _____ Phone Number: _____

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)

Staff Members Trained in Epinephrine Administration: _____

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