

# FOOD ALLERGY ACTION PLAN

Student's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Teacher/RM # \_\_\_\_\_

Current Photo

**ALLERGY TO** \_\_\_\_\_

Asthmatic: \_\_\_\_\_

Yes\*

No

\*Higher risk for severe reaction

## ◆◆◆ STEP 1: TREATMENT ◆◆◆

Symptoms:

Give Checked Medication\*\*:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat<sup>+</sup> Tightening of throat, hoarseness, hacking cough
- Lung<sup>+</sup> Shortness of breath, repetitive coughing, wheezing
- Heart<sup>+</sup> Weak or thready pulse, low blood pressure, fainting, pale blueness
- Other<sup>+</sup>
- If reaction is progressing (several of the above areas affected), give:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

<sup>+</sup>Potentially life-threatening. The severity of symptoms can quickly change.

\*\* To be determined by physician authorizing treatment

### DOSAGE

**Epinephrine:** inject intramuscularly  
(see reverse side for instructions)

(circle one)

EpiPen<sup>®</sup>

EpiPen<sup>®</sup>Jr.

Twinject<sup>®</sup> 0.3 mg

Twinject<sup>®</sup> 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.**

**MONITORING: Stay with student; alert health care 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 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.

## ◆◆◆ 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): \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_