

## 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 ■

<u>Symptoms:</u>	<u>Give Checked Medication**:</u>
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	** (to be determined by physician authorizing treatment)
▪ <b>Mouth</b> Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Skin</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Gut</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Throat†</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Lung†</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Heart†</b> Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>Other†</b> _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ <b>If reaction is progressing (several of the above areas affected), give:</b>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

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

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one, and see reverse side for instructions)

EpiPen®      EpiPen® Jr.      Twinject® 0.3 mg      Twinject® 0.15 mg      Adrenaclick™ 0.3mg      Adrenaclick™ 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.** 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!\*\*\*\*\*

**PLEASE REVIEW, SIGN AND RETURN this form to the School Nurse.**

- \*The information above is correct and should be used in the event of an allergic reaction at school.
- \*I give my permission for a photo to be taken and shared with school personnel interacting with my student.
- \*The School Nurse may share this Allergy Action Plan with all school personnel interacting with my student.
- \*The School Nurse may contact the doctor listed above to discuss this information.
- \*If the student is sent to the emergency department, a follow-up report can be faxed to the School Nurse.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_