



Food Allergy Action Plan

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† 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

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

DOSAGE

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

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. _____ at _____

3. Emergency contacts:

Name/Relationship Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

c. _____ 1.) _____ 2.) _____

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

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

Place
Child's Picture

Here

TRAINED STAFF MEMBERS	
1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

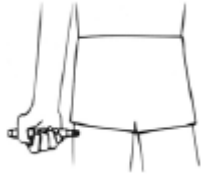
EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap.



Hold black tip near outer thigh (always apply to thigh).

Swing and jab firmly into outer thigh. Hold in place and count to 10. injection area for 10 seconds. mg



thigh until Auto-Injector mechanism functions. Remove the EpiPen® unit and massage the Twinject™ 0.3 mg and Twinject™ 0.15

Directions



Pull off green end cap, then red end cap.
 Put gray cap against outer thigh, press down firmly until needle penetrates. Hold

for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.

Slide yellow or orange collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.

Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used with you to the Emergency Room. Plan to stay for observation at the Emergency for at least 4 hours.



unit Room

For children with multiple food allergies, consider providing separate Action Plans different foods.

**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission



for

