## **Food Allergy Action Plan**

Student's Name: ALLERGY TO:_ Asthmatic Yes*			Place Child's Picture Here
Symptoms: **(To be determined by treatment)			
<ul> <li>If a food</li> </ul>	allergen has been ingested, but no symptoms:	□ Epinephrine □	☐ Antihistamine
<ul> <li>Mouth</li> </ul>	Itching, tingling, or swelling of lips, tongue, mouth	□ Epinephrine □	☐ Antihistamine
<ul> <li>Skin</li> </ul>	Hives, itchy rash, swelling of the face or extremities	□ Epinephrine □	☐ Antihistamine
<ul> <li>Gut</li> </ul>	Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	☐ Antihistamine

□ Epinephrine

□ Epinephrine

□ Epinephrine

□ Antihistamine

□ Antihistamine

□ Antihistamine

□ Antihistamine

□ Antihistamine

□ Epinephrine □ Epinephrine If reaction is progressing (several of the above areas affected), give:

Tightening of throat, hoarseness, hacking cough

Shortness of breath, repetitive coughing, wheezing

Weak or thready pulse, low blood pressure, fainting, pale, blueness

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

## DOSAGE

Throat<sup>†</sup>

Lung†

Heart<sup>†</sup>

Other<sup>†</sup>

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\_

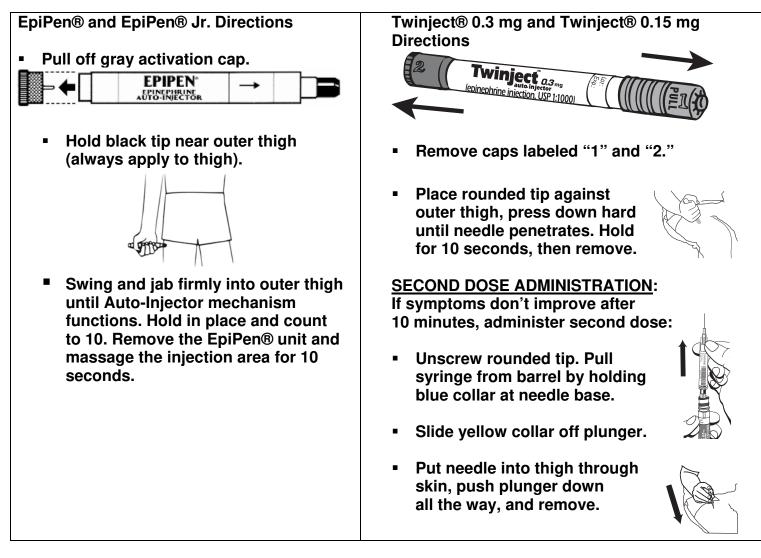
medication/dose/route

## **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	t 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)	
a	1.)	2.)
b	1.)	2.)
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(Required)		Date

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



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

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

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



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