## **Food Allergy Action Plan**

Emergency Care Plan

Name: \_\_\_\_\_\_ D.O.B.: \_\_/ \_/ Here

Allergy to: \_\_\_\_\_\_ lbs. Asthma: \_\_Yes (higher risk for a severe reaction) \_\_ No

Extremely reactive to the following foods: \_\_\_\_\_\_\_
THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

# Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy,

confused

THROAT: Tight, hoarse, trouble breathing/swallowing MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea, crampy pain

# 1. INJECT EPINEPHRINE IMMEDIATELY

Place Student's

**Picture** 

- 2. Call 911
- 3. Begin monitoring (see box below)
- 4. Give additional medications:\*
  - -Antihistamine
  - -Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

### MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face, mild itch

GUT: Mild nausea/discomfort



#### 1. GIVE ANTIHISTAMINE

- 2. Stay with student; alert healthcare professionals and parent
- 3. If symptoms progress (see above), USE EPINEPHRINE
- 4. Begin monitoring (see box below)

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Epinephrine (brand and dose):	
Antihistamine (brand and dose):	
Other (e.g., inhaler-bronchodilator if asthmatic):	
,	

### Monitoring

**Stay with student; alert healthcare 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 the 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. See back/attached for auto-injection technique.

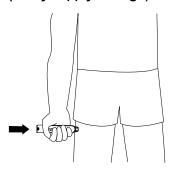
Parent/Guardian Signature	Date	Physician/Healthcare Provider Signature	Date

# **EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions**

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



 Hold orange tip near outer thigh (always apply to thigh)



 Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.
 Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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### Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

### Contacts

Call 911 (Rescue squad: ())	Phone: ()
Parent/Guardian:	Phone: ()
Other Emergency Contacts	
Name/Relationship:	Phone: ()
Name/Relationship:	Phone: ( ) -