Food Allergy Action Plan

Name: ___________________________ D.O.B.:__/__/

Allergy to: ___________________________

Weight: ______ lbs.  Asthma: ☐ Yes (higher risk for a severe reaction)  ☐ No

Extremely reactive to the following foods: ___________________________

THEREFORE:
☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

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, crampy pain

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort

Medications/Doses

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

1. INJECT EPINEPHRINE IMMEDIATELY
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.

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)

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 ____________

TURN FORM OVER
**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

**Twinject® 0.3 mg and Twinject® 0.15 mg Directions**

- Remove caps labeled “1” and “2.”
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

**SECOND DOSE ADMINISTRATION:**
If symptoms don’t improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

**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.

**Contacts**

Call 911 (Rescue squad: (___)____-_________)
Doctor:________________
Phone: (___)____-_________
Parent/Guardian:______________________________________________
Phone: (___)____-_________

**Other Emergency Contacts**

Name/Relationship:______________________________________________
Phone: (___)____-_________
Name/Relationship:______________________________________________
Phone: (___)____-_________