# **Food Allergy Action Plan**

Student's Name: ALLERGY TO:_ Asthmatic Yes*	No *Higher risk for severe reaction		Place Child's Picture Here
◆ STEP 1: TREATMENT ◆ Symptoms:		<b>Give Checked Medication**:</b> **(To be determined by physician authorizing	
		treatment)	by physician autionzing
If a food	allergen has been ingested, but no symptoms:	□ Epinephrine	□ Antihistamine
Mouth	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

#### □ Epinephrine □ Antihistamine Gut Nausea, abdominal cramps, vomiting, diarrhea □ Epinephrine Throat<sup>†</sup> Tightening of throat, hoarseness, hacking cough □ Antihistamine □ Epinephrine □ Antihistamine Shortness of breath, repetitive coughing, wheezing Lung† □ Epinephrine □ Antihistamine Heart<sup>†</sup> Weak or thready pulse, low blood pressure, fainting, pale, blueness □ Epinephrine □ Antihistamine Other<sup>†</sup> □ Epinephrine □ Antihistamine If reaction is progressing (several of the above areas affected), give:

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

## **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\_

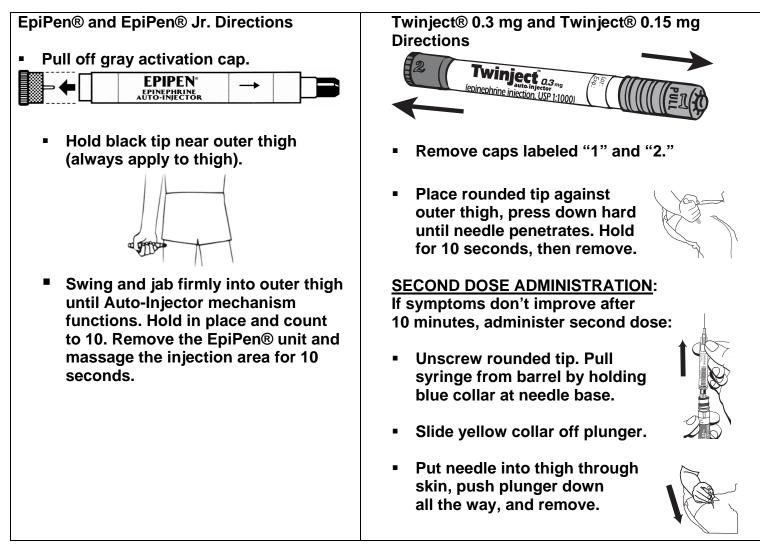
medication/dose/route

### 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	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 1	AKE CHILD TO MEDICAL FACILITY!
Parent/Guardian's Signature		Date
Doctor's Signature(Required)		Date

	TRAINED STAFF MEMBERS
1	Room
2	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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