

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
<ul style="list-style-type: none"> ▪ If a food allergen has been ingested, but <i>no symptoms</i>: 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Skin Hives, itchy rash, swelling of the face or extremities 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Gut Nausea, abdominal cramps, vomiting, diarrhea 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Throat† Tightening of throat, hoarseness, hacking cough 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Lung† Shortness of breath, repetitive coughing, wheezing 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ Other† _____ 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> ▪ If reaction is progressing (several of the above areas affected), give: 	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†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 TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

Room _____

3. _____

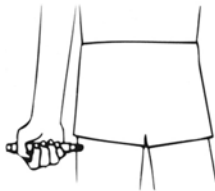
Room _____

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 until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



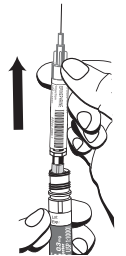
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



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.



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.*

