

School Year: _____

Food Allergy Action Plan

To be determined by physician authorizing treatment.

Place
Child's
Picture
Here

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

ALLERGY TO: _____ Asthmatic Yes* No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:	Give Checked Medication: (To be determined by physician authorizing treatment)
If a food allergen has been ingested, but no symptoms	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
Heart† Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
Other† _____	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> EpiPen <input type="checkbox"/> Antihistamine

†The severity of symptoms can quickly change = Potentially life-threatening

DOSAGE

To be determined by physician authorizing treatment:

Epinephrine: inject intramuscularly (circle one) (see reverse side for instructions)

EpiPen 0.3mg

EpiPen Jr. 0.15mg

Auvi-Q 0.3mg

Auvi-Q 0.15mg

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.

While in the care of the Child Enrichment Center this child's emergency epinephrine MUST be accessible to the child at all times.

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 #: _____

3. Parent _____ Phone#: _____

4. Emergency contacts:

Name/Relationship Phone Number(s)

a. _____ Relationship: _____ Phone #: _____

b. _____ Relationship: _____ Phone #: _____

c. _____ Relationship: _____ Phone #: _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature: _____ Date: _____

Doctor's Signature _____ Date: _____

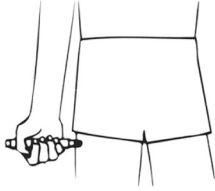
(Required)

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.

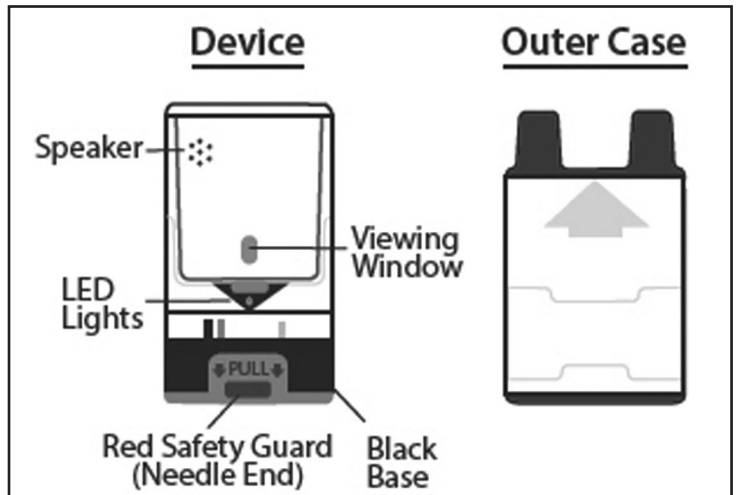


- Hold black tip near outer thigh (always apply to thigh).



- 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.

Remove Auvi-Q from case and follow the prompts.



Once EpiPen or Auvi-Q 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.*

