Food Allergy Action Plan
Emergency Care 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, diarrhea, 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): ________________________________

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 ____________

Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011
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

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: (__ ) ____-_______)  Doctor: __________________________ Phone: (___ ) ____-_______
Parent/Guardian: ____________________________________________ Phone: (___ ) ____-_______

Other Emergency Contacts

Name/Relationship: ____________________________________________ Phone: (___ ) ____-_______
Name/Relationship: ____________________________________________ Phone: (___ ) ____-_______

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