

# 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><br><small>** (To be determined by physician authorizing treatment)</small> |
|---|--|
| ▪ If a food allergen has been ingested, but <i>no symptoms</i> :                | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ Mouth    Itching, tingling, or swelling of lips, tongue, mouth                | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ Skin      Hives, itchy rash, swelling of the face or extremities              | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ Gut        Nausea, abdominal cramps, vomiting, diarrhea                       | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ Throat†   Tightening of throat, hoarseness, hacking cough                     | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ Lung†     Shortness of breath, repetitive coughing, wheezing                  | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ Heart†    Weak or thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ Other†    _____   | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine                                  |
| ▪ 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. \_\_\_\_\_

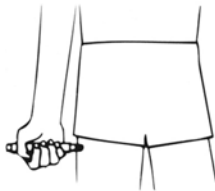
Room \_\_\_\_\_

### 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



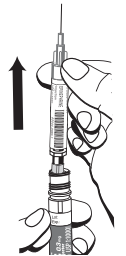
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



### 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.*

