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

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:* -Antihistamine -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

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 ____________

TURN FORM OVER  Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011
**EPIGEN Auto-Injector and EPIGEN Jr Auto-Injector Directions**

- First, remove the EPIGEN 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 EPIGEN 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: (___) _____-__________