

# Food Allergy Action Plan

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:

<input type="checkbox"/> If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Throat Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Lung Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Heart Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> Other _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> 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, and see reverse side for instructions)

Epipen® Epipen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg Adrenaclick™ 0.3 mg Adrenaclick™ 0.15 mg

**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:
  - a. Name/Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_
  - b. Name/Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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)

Staff Members Trained in Epinephrine Administration: \_\_\_\_\_