

Food Allergy Action Plan

Student's Name: _____ D.O.B.: _____ Teacher: _____
 Allergy to: _____ Asthmatic: Yes* No *Higher risk for severe reaction

Place
Child's
Picture
Here

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
 - Epinephrine Antihistamine
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
 - Epinephrine Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities
 - Epinephrine Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea
 - Epinephrine Antihistamine
- Throat Tightening of throat, hoarseness, hacking cough
 - Epinephrine Antihistamine
- Lung Shortness of breath, repetitive coughing, wheezing
 - Epinephrine Antihistamine
- Heart Weak or thready pulse, low blood pressure, fainting, pale, blueness
 - Epinephrine Antihistamine
- Other _____
 - Epinephrine Antihistamine
- If reaction is progressing (several of the above areas affected), give:
 - Epinephrine Antihistamine

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

DOSAGE

Epinephrine: inject intramuscularly
 give (medication/dose/route) _____

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: