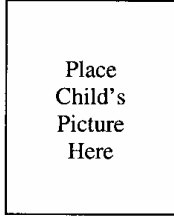


# Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_



ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## ◆ STEP 1: TREATMENT ◆

**Symptoms:**

**Give Checked Medication\*\*:**

(To be determined by physician authorizing treatment)

- |   |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
|---|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|
| <ul style="list-style-type: none"> <li>▪ If a food allergen has been ingested, but <i>no symptoms</i>:</li> <li>▪ Mouth      Itching, tingling, or swelling of lips, tongue, mouth</li> <li>▪ Skin        Hives, itchy rash, swelling of the face or extremities</li> <li>▪ Gut         Nausea, abdominal cramps, vomiting, diarrhea</li> <li>▪ Throat†    Tightening of throat, hoarseness, hacking cough</li> <li>▪ Lung†     Shortness of breath, repetitive coughing, wheezing</li> <li>▪ Heart†    Thready pulse, low blood pressure, fainting, pale, blueness</li> <li>▪ Other†    _____</li> <li>▪ If reaction is progressing (several of the above areas affected), give</li> </ul> | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> <tr> <td><input type="checkbox"/> Epinephrine</td> <td><input type="checkbox"/> Antihistamine</td> </tr> </table> | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine  | <input type="checkbox"/> Antihistamine   |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
| <input type="checkbox"/> Epinephrine  | <input type="checkbox"/> Antihistamine   |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
| <input type="checkbox"/> Epinephrine  | <input type="checkbox"/> Antihistamine   |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
| <input type="checkbox"/> Epinephrine  | <input type="checkbox"/> Antihistamine   |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
| <input type="checkbox"/> Epinephrine  | <input type="checkbox"/> Antihistamine   |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |                                      |  |
- The severity of symptoms can quickly change. †Potentially life-threatening.

**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

## ◆ 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. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

TRAINED STAFF MEMBERS

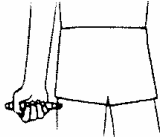
1. \_\_\_\_\_ Room \_\_\_\_\_
2. \_\_\_\_\_ Room \_\_\_\_\_
3. \_\_\_\_\_ Room \_\_\_\_\_

**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**



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



**SECOND DOSE ADMINISTRATION:**

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange 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.