

Food Allergy Action Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ___ / ___ / ___

Allergy to: _____

Weight: _____ lbs. Asthma: ___ Yes (higher risk for a severe reaction) ___ No

Does your child need to sit at the PEANUT FREE TABLE? ___ YES ___ 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, crampy pain

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.**

MILD SYMPTOMS ONLY:

- MOUTH :** Itchy mouth
- SKIN:** A few hives around mouth/face, mild itch
- GUT:** Mild nausea / discomfort

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