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

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 __________
**Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions**

1. **Remove GREY caps labeled “1” and “2.”**
2. **Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**

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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).

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**Contacts**

Call 911 (Rescue squad: (___) _____-_________)  Doctor: __________________________

Parent/Guardian: __________________________________________________________

Phone: (___) _____-_________

Other Emergency Contacts

Name/Relationship: __________________________________________________________

Phone: (___) _____-_________

Name/Relationship: __________________________________________________________

Phone: (___) _____-_________