

## Food Allergy Action Plan

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

**Place Photo Here**

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

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

### **STEP 1: TREATMENT**

**Symptoms:**

**Give Circled Medication**

(To be determined by physician authorizing treatment)

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

The severity of the symptoms can quickly change. \*Potentially life-threatening.

### **DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen    EpiPen Jr.

**Antihistimine:** 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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVEN IF PARENT/GUARDIAN CAN NOT BE REACHED, DO NOT HESITATE TO  
MEDICATE OR TAKE CHILD TO MEDICAL FACILITY.

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

Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Required)