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:

- 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: Tready pulse, low blood pressure, fainting, pale, blueness □ Epinephrine □ Antihistamine
- Other: ____________________________ □ Epinephrine □ Antihistamine

Give Checked Medication**: (To be determined by physician administering treatment)

- If reaction is progressing (several of the above areas affected), give
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: ____________________________ (Required) Date: _____________
TRAINED STAFF MEMBERS

1. ___________________________ Room _____
2. ___________________________ Room _____
3. ___________________________ Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.
  ![EpiPen](image)

- Hold black tip near outer thigh (always apply to thigh).
  ![EpiPen](image)

- 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.
  ![Twinject](image)

- 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.