

Food Allergy Action Plan

Student's

Name: _____ D.O.B: _____ Teacher: _____

Place
Child's
Picture
Here

ALLERGY TO: _____

Asthmatic: Yes* ☐ No ☐ *Higher risk for severe reaction

STEP 1: TREATMENT

<u>Symptoms:</u>		<u>Give Checked Medication:</u> To be determined by <u>NYS Licensed Medical Provider</u> authorizing treatment	
• If a food allergen has been ingested, but <i>no symptoms</i> :		D Epinephrine	D Antihistamine
• Mouth	Itching, tingling, or swelling of lips, tongue, mouth	D Epinephrine	D Antihistamine
• Skin	Hives, itchy rash, swelling of the face or extremities	D Epinephrine	D Antihistamine
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	D Epinephrine	D Antihistamine
• Throat†	Tightening of throat, hoarseness, hacking cough	D Epinephrine	D Antihistamine
• Lung†	Shortness of breath, repetitive coughing, wheezing	D Epinephrine	D Antihistamine
• Heart†	Weak or thready pulse, low blood pressure, fainting, pale, blueness	D Epinephrine	D Antihistamine
• Other†	_____	D Epinephrine	D Antihistamine
• If reaction is progressing (two or more of the above areas affected), give:		D Epinephrine	D Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one)

EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg Auvi-Q Auvi-Q Jr.

Antihistamine: give _____
medication/dose/route

Other: _____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

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. _____ Phone Number: _____

3. Parent _____ Phone Number(s) _____

4. Emergency contacts:
Name/Relationship

Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

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

Parent/Guardian's Signature _____

Date _____

Doctor's Signature _____

Date _____

(Required)