

# Food Allergy Action Plan

Place Student's Picture Here

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Allergy to: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No  
 Weight: \_\_\_\_\_

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  
 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 \_\_\_\_\_