

Food Allergy Action Plan

Place Child's
Picture Here

ALLERGY TO: _____

Student's Name: _____ DOB: _____ Teacher: _____

Asthmatic: Yes * No * High risk for severe reaction

❖ SIGNS OF AN ALLERGIC REACTION:

<u>Systems:</u>	<u>Symptoms:</u>
MOUTH	itching & swelling of the lips, tongue, or mouth
THROAT*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG*	shortness of breath, repetitive coughing, and/or wheezing
HEART*	"thready" pulse, "passing out"

*The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.*

❖ ACTION FOR MINOR REACTION:

1. If only symptom(s) are: _____, give _____

Medication/Dose/Route

Then call:

2. Mother _____, Father _____, or emergency contacts.

3. Dr. _____ at _____ (include phone number)

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

❖ ACTION FOR MAJOR REACTION:

1. If ingestion is suspected and/or symptoms are: _____

Give _____ **IMMEDIATELY!**

Medication/Dose/Route

Then call:

➤ *Rescue Squad (ask for advanced life support)*

➤ *Mother _____, Father _____, or emergency contacts.*

➤ *Dr. _____ at _____ (include phone #)*

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature: _____ Date _____

Doctor's Signature: _____ Date _____

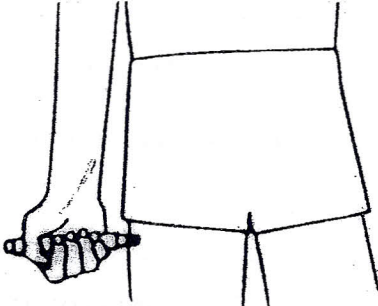
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation _____ Phone _____	Name _____ Room _____
2. _____ Relation _____ Phone _____	Name _____ Room _____
3. _____ Relation _____ Phone _____	Name _____ Room _____

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (*always apply to the thigh*).



3. Swing arm and jab firmly into outer thigh until Auto-injector mechanism functions. Hold in place and count to 10 (ten). The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 (ten) seconds.

For children with multiple food allergies, use one form for each food.



Information from the Food Allergy Initiative.