



# Food Allergy Action Plan

Child's Name	Age	DOB	Child's Classroom Assignment
ALLERGY TO	Asthmatic <input type="checkbox"/> Yes (high risk for severe reaction) <input type="checkbox"/> No		Place Child's Photo Here
<i>*Potentially life-threatening. The severity of symptoms can quickly change.</i>			

STEP 1: TREATMENT			
SYMPTOMS		GIVE CHECKED MEDICATION (To be determined by physician authorizing treatment)	
▪ If a food allergen has been ingested, but <i>no symptoms</i> :		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Mouth	Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Skin	Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Throat*	Tightening of the throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Lung*	Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Heart *	Weak, or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Other*	_____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine


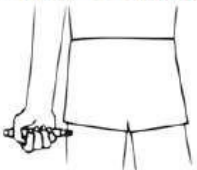



Step 1: DOSAGE					
<b>Epinephrine:</b>	Inject intramuscularly (mark one)	<input type="checkbox"/> EpiPen	<input type="checkbox"/> EpiPen Jr	<input type="checkbox"/> Twinject 0.3 mg	<input type="checkbox"/> Twinject 0.15 mg
<b>Antihistamine:</b>	Give _____ <i>Medication/dosage/route</i>				
<b>Other:</b>	Give _____ <i>Medication/dosage/route</i>				

**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: a. Name/Relationship _____ Phone Number _____ b. Name/Relationship _____ Phone Number _____ c. Name/Relationship _____ Phone Number _____	
<p align="center"><b>Even if the parent/guardian cannot be reached, do not hesitate to medicate or call 911.</b></p> Parent/Guardian _____ Date _____ Doctor's Signature (REQUIRED) _____ Date _____ OTHER INSTRUCTIONS FROM DOCTOR: _____ _____	

### Trained Staff Members

1. \_\_\_\_\_ Classroom \_\_\_\_\_
2. \_\_\_\_\_ Classroom \_\_\_\_\_
3. \_\_\_\_\_ Classroom \_\_\_\_\_
4. \_\_\_\_\_ Classroom \_\_\_\_\_

<p><b>EpiPen® and EpiPen® Jr. Directions</b></p> <ul style="list-style-type: none"> <li>▪ Pull off gray activation cap.</li> </ul>  <ul style="list-style-type: none"> <li>▪ Hold black tip near outer thigh (always apply to thigh).</li> </ul>  <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	<p><b>Twinject® 0.3 mg and Twinject® 0.15 mg Directions</b></p>  <ul style="list-style-type: none"> <li>▪ Remove caps labeled “1” and “2.”</li> <li>▪ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.</li> </ul>  <p><b><u>SECOND DOSE ADMINISTRATION:</u></b> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> <li>▪ Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.</li> <li>▪ Slide yellow collar off plunger.</li> <li>▪ Put needle into thigh through skin, push plunger down all the way, and remove.</li> </ul> 
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Once EpiPen or Twinject is used, call 911. 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.