**Food Allergy Action Plan**

*Emergency Care Plan*

Name: ___________________________ D.O.B.: ___/___/___

Allergy to: ___________________________

Weight: ______ lbs.  Asthma: □ Yes (higher risk for a severe reaction) □ No

**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.

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**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

Or combination of symptoms from different body areas:

- **SKIN:** Hives, itchy rashes, swelling (e.g., eyes, lips)
- **GUT:** Vomiting, diarrhea, crampy pain

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**MILD SYMPTOMS ONLY:**

- **MOUTH:** Itchy mouth
- **SKIN:** A few hives around mouth/face, mild itch
- **GUT:** Mild nausea/discomfort

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**Medications/Doses**

Epinephrine (brand and dose):

Antihistamine (brand and dose):

Other (e.g., inhaler-bronchodilator if asthmatic):

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**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.

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Parent/Guardian Signature ___________________________ Date ____________

Physician/Healthcare Provider Signature ____________ Date ____________________

**TURN FORM OVER**  Form provided courtesy of Food Allergy Research & Education (FARE) (www.foodallergy.org) 4/2013
EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

- Pull off RED safety guard.
- Place black end against outer thigh, then press firmly and hold for 5 seconds.

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions

- Remove GREY caps labeled “4” and “2.”
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: (____) ______-_______)  Doctor: ____________________________
Parent/Guardian: ____________________________

Phone: (____) ______-_______  Phone: (____) ______-_______

Other Emergency Contacts

Name/Relationship: ____________________________
Name/Relationship: ____________________________

Phone: (____) ______-_______  Phone: (____) ______-_______

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