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.

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

MILD SYMPTOMS ONLY:

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

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 ____________

TURN FORM OVER  Form provided courtesy of Food Allergy Research & Education (FARE) (www.foodallergy.org) 5/2013
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.

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: ___________________________ Phone: (_____) _______
Parent/Guardian: ___________________________________________ Phone: (_____) _______

Other Emergency Contacts
Name/Relationship: ___________________________________________ Phone: (_____) _______
Name/Relationship: ___________________________________________ Phone: (_____) _______

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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.

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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions
Remove GREY caps labeled "1" and "2."
Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.