

## Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Allergy to: \_\_\_\_\_ Asthmatic: Yes\*  No  \*Higher risk for severe reaction

Place  
Child's  
Picture  
Here

### STEP 1: TREATMENT

**Symptoms:**

<ul style="list-style-type: none"> <li>▪ If a food allergen has been ingested, but <i>no symptoms</i>:</li> <li>▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth</li> <li>▪ Skin Hives, itchy rash, swelling of the face or extremities</li> <li>▪ Gut Nausea, abdominal cramps, vomiting, diarrhea</li> <li>▪ Throat Tightening of throat, hoarseness, hacking cough</li> <li>▪ Lungt Shortness of breath, repetitive coughing, wheezing</li> <li>▪ Heart Weak or thready pulse, low blood pressure, fainting, pale, blueness</li> <li>▪ Other _____</li> </ul>	<p style="text-align: center;"><b>Give Checked Medication**:</b>  <small>**To be determined by physician authorizing treatment)</small></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> <li><input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine</li> </ul>
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†Potentially life-threatening. The severity of symptoms can quickly change.

**DO dosage**

**Epinephrine:** inject intramuscularly (circle one, and see reverse side for instructions)  
 EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg Adrenaclick™ 0.3 mg Adrenaclick™ 0.15 mg  
**Antihistamine:** give (medication/dose/route) \_\_\_\_\_

**Other:** give (medication/dose/route) \_\_\_\_\_  
**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: \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Staff Members Trained in Epinephrine Administration: \_\_\_\_\_



**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Special Situation/Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s)** \_\_\_\_\_.

**Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.**

## For ANY of the following SEVERE SYMPTOMS



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting, severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

### OR A COMBINATION

of symptoms from different body areas



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE BODY SYSTEM** (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_  
 Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM  
 Antihistamine Brand or Generic: \_\_\_\_\_  
 Antihistamine Dose: \_\_\_\_\_  
 Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

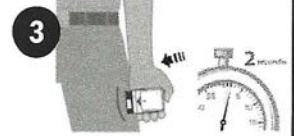
HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE



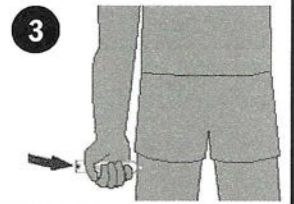
**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



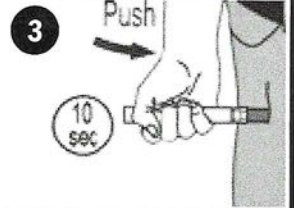
**HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION**

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



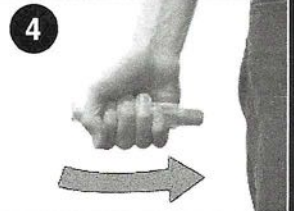
**HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS**

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



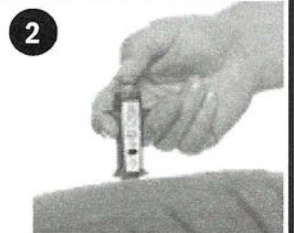
**HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES**

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



**HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)**

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi™ by finger grips only and slowly insert the needle into the thigh. SYMJEPi™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



**ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

**Epinephrine first, then call 911.** Monitor the patient and call their emergency contacts right away.

**EMERGENCY CONTACTS – CALL 911**

RESCUE SQUAD: \_\_\_\_\_  
DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS**

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_