

Food Allergy Action Plan

Child's
Photo Can
Go Here

Child's Name _____ DOB: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic Yes * No

STEP 1: TREATMENT

Symptoms

Give Checked Medication ** :

(To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but there are *no symptoms*:
 - Epinephrine Antihistamine
- Mouth: Itching, tingling or swelling of lips, tongue, mouth
 - Epinephrine Antihistamine
- Skin: Hives, itchy rash, swelling of face or extremities
 - Epinephrine Antihistamine
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
 - Epinephrine Antihistamine
- Throat † : Tightening of throat, hoarseness, coughing
 - Epinephrine Antihistamine
- Lung † : Shortness of breath, repetitive coughing, wheezing
 - Epinephrine Antihistamine
- Heart † : Thready pulse, low blood pressure, fainting, pale, blueness
 - Epinephrine Antihistamine
- Other † : _____
 - Epinephrine Antihistamine
- If reaction is progressing (several of the above affected), give
 - Epinephrine Antihistamine

NOTE: The severity of symptoms can quickly change! † **Potentially life-threatening**

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg

Antihistamine: give _____
Medication / dose / route

Other: give _____
Medication / dose / route

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ at _____
3. Emergency Contacts:

Name/Relationship	Phone Number(s)
a. _____	1) _____ 2) _____
b. _____	1) _____ 2) _____
c. _____	1) _____ 2) _____

EVEN IF PARENT/GUARDIAN CAN'T BE REACHED, DON'T HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____