



Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Student ID: _____ 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



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 -Antihistamine
 -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

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



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine: _____ Dose: _____
 Antihistamine: _____ Dose: _____
 Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring
Stay with student; Monitor status continuously. Tell EMS epinephrine was given.

Does this student have physician authorization to self-administer this medication and to carry this medication on his/her person? Yes No

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

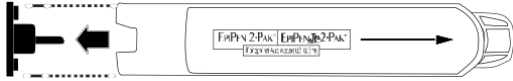
Date

Nurse Signature

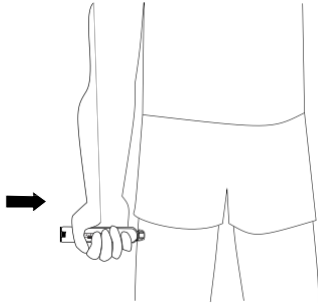
Date

**EPIPEN Auto-Injector and
EPIPEN Jr Auto-Injector Directions**

- First, remove the EPIPEN 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 the EPIPEN Auto-Injector and massage the area for 10 more seconds



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For students with food allergies please complete the School Meal Modification Request Form found at www.neisd.net/foodserv/HTML/SpecialDietsAllergens.html

Return forms to the school nurse.

Parent/Guardian: _____

Phone: (____) ____ - _____

Physician: _____

Phone: (____) ____ - _____

Other Emergency Contacts

Name/Relationship: _____

Phone: (____) ____ - _____

Name/Relationship: _____

Phone: (____) ____ - _____