Food Allergy Action Plan Student's Place _____D.O.B:______Teacher:__ Name:_ Child's ALLERGY TO: Picture Here Asthmatic Yes* No *Higher risk for severe reaction ♦ STEP 1: TREATMENT ♦ Give Checked Medication**: **(To be determined by physician authorizing treatment) Symptoms: ☐ Epinephrine ☐ Antihistamine If a food allergen has been ingested, but no symptoms: ☐ Epinephrine ☐ Antihistamine Mouth Itching, tingling, or swelling of lips, tongue, mouth ☐ Epinephrine ☐ Antihistamine Hives, itchy rash, swelling of the face or extremities Skin ☐ Epinephrine ☐ Antihistamine Gut Nausea, abdominal cramps, vomiting, diarrhea ☐ Epinephrine ☐ Antihistamine Tightening of throat, hoarseness, hacking cough Throatt ☐ Epinephrine ☐ Antihistamine Lungt Shortness of breath, repetitive coughing, wheezing ☐ Epinephrine ☐ Antihistamine Thready pulse, low blood pressure, fainting, pale, blueness Heart† ☐ Epinephrine ☐ Antihistamine Othert ☐ Epinephrine ☐ Antihistamine If reaction is progressing (several of the above areas affected), give The severity of symptoms can quickly change. †Potentially life-threatening. Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions) 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. Phone Number: 2. Dr. _____ Phone Number(s) 3. Parents_ 4. Emergency contacts: Phone Number(s) Name/Relationship 2.)___ 1.)___ 1.)_ 2.) ___ EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY! Parent/Guardian Signature_ Date__ Doctor's Signature_

(Required)

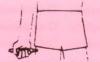
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EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap.



 Hold black tip near outer thigh (always apply to thigh).



Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- · Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after
10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.