

# Food Allergy Action Plan

Place  
Child's  
Picture  
Here

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

## ■ STEP 1: TREATMENT ■

**Symptoms:**

**Give Checked Medication\*\*:**  
 \*\* (To be determined by physician authorizing treatment)

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

†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!**

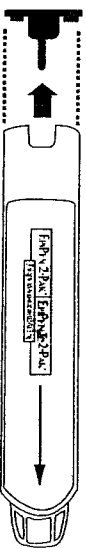
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Required)

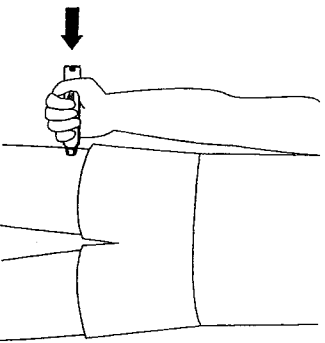
Staff Members Trained in Epinephrine Administration: \_\_\_\_\_

## EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

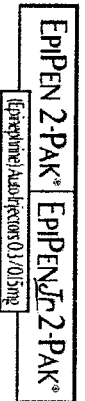
- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- 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



DEV<sup>®</sup> and the Dey logo, EpiPen<sup>®</sup>, EpiPen 2-Pak<sup>®</sup>, and EpiPen Jr 2-Pak<sup>®</sup> are registered trademarks of Dey Pharma, L.P.

## Twinject<sup>®</sup> 0.3 mg and Twinject<sup>®</sup> 0.15 mg Directions



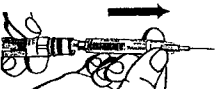
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



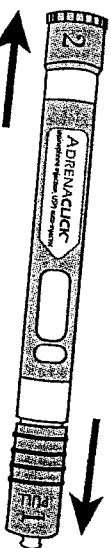
### SECOND DOSE ADMINISTRATION:

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

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



## Adrenaclick<sup>™</sup> 0.3 mg and Adrenaclick<sup>™</sup> 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.



Once epinephrine is used, call the Rescue Squad and request an ambulance equipped with epinephrine and a responder trained to administer this medication. 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.

