

# Food Allergy Action Plan

Student's

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

Place  
Child's  
Picture  
Here

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*:

Mouth	Itching, tingling, or swelling of lips, tongue, mouth
Skin	Hives, itchy rash, swelling of the face or extremities
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat†	Tightening of throat, hoarseness, hacking cough
Lung†	Shortness of breath, repetitive coughing, wheezing
Heart†	Thready pulse, low blood pressure, fainting, pale, blueness
Other†	_____

Epinephrine	Antihistamine
Epinephrine	Antihistamine
Epinephrine	Antihistamine
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If reaction is progressing (several of the above areas affected), give 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 (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

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

Candy  
Cane's

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**TRAINED STAFF MEMBERS**

- 1. \_\_\_\_\_ Room \_\_\_\_\_
- 2. \_\_\_\_\_ Room \_\_\_\_\_
- 3. \_\_\_\_\_ Room \_\_\_\_\_

**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. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship

Phone Number(s)

a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

c. \_\_\_\_\_ 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 \_\_\_\_\_

Date \_\_\_\_\_

(Required)

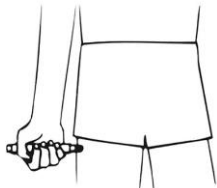


## EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap.

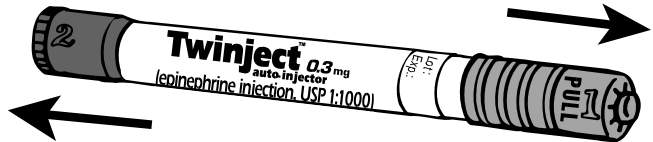


Hold black tip near outer thigh (always apply to thigh).



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



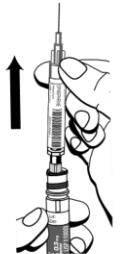
Pull off green end cap, then red end cap.

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.

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