

# Food Allergy Action Plan

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

Allergy to: \_\_\_\_\_

Asthma: Yes \_\_\_\_\_ (higher risk for a severe reaction) No \_\_\_\_\_

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, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY
  2. Call 911
  3. Begin monitoring (see box below)
  4. Give additional medications\*
- Antihistamine  
-Inhaler (bronchodilator) if has 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
  - o Stay with student; alert healthcare professionals and parent
  - o If symptoms progress (see above), USE EPINEPHRINE
2. Begin monitoring (see below)

## LICENSED PRESCRIBER SECTION

### Medications/Doses

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

- 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.

**Monitoring**  
*Stay with student; alert healthcare professional and parent.* Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student on back with legs raised. Treat student even if parents cannot be reached. See back for auto-injection technique.

\_\_\_\_\_  
Licensed prescriber signature Phone Date

TURN FORM OVER

I certify that I have completed a (yellow) Emergency Medical Authorization Form.

I have consulted with the school to make a Food Allergy Plan and I have trained my child as to his/her needs and safety. We will review the weekly lunch menu together, and discuss the vigilance required to self monitor food products sold at athletic events or special student sales, foods brought for potlucks or classroom celebrations, and foods served on school-sponsored trips.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The information requested is confidential and will only be shared with the appropriate personnel (i.e., principal, teachers, secretary and food service). The information that you relate to us will enable us to take immediate and appropriate action in caring for your child. It is now permissible by Ohio State Law for students to carry and use an EpiPen with the written authorization of the prescriber and the parent/guardian. A backup EpiPen is required for the clinic.

### Contacts

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Other Emergency Contacts:

Name/Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Phone \_\_\_\_\_

### School Staff Section

Medication given \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Given by \_\_\_\_\_

Medication given \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Given by \_\_\_\_\_

Medication given \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

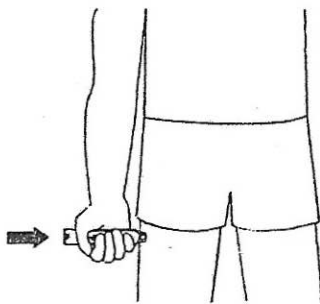
Given by \_\_\_\_\_

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

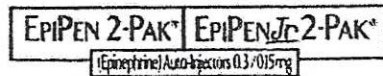
- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- 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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