

Food Allergy & Anaphylaxis Action Plan

Place Student's Picture Here

Name:		_ D.O.B.: _	<u> </u>				
Allergy to:							
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 <i>likely</i> eaten. If checked, give epinephrine immediately if the allergen was <i>definitely</i> eaten, even if no symptoms are noted.							
ingestion: One or more LUNG: HEART: THROAT: MOUTH: SKIN:	of the following: Short of breath, wheeze, repetitive cough Pale, blue, faint, weak pulse, dizzy, confused Tight, hoarse, trouble breathing/swallowing Obstructive swelling (tongue and/or lips) Many hives over body ion of symptoms from different body areas: Hives, itchy rashes, swelling (e.g., eyes, lips) 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 Medications/Doses Epinephrine:			 GIVE ANTIHISTAMINE Stay with student; alert healthcare professionals and parent If symptoms progress (see above), USE EPINEPHRINE Begin monitoring (see box below) 				

Monitoring

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

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

Does this student have <u>physiciar</u> medication on his/her person?		on to <u>self</u> No	<u>-administer</u> this medication a	and to carry this			
Parent/Guardian Signature	Date		Physician/Health Care Provider Signat	ure Date			
School Nurse/Health Coordinator Signature	Date						
Parent/Guardian must RETURN this form to the school nurse or health coordinator.							
Emergency Contact Information:							
Parent/Guardian:			Phone:				
Physician:			Phone:				
Other Emergency Contacts:							
Name/Relationship:	Phone:						
Name Relationship:		Phone:					