

FOOD/ OTHER ALLERGY ACTION PLAN

Name: _____ DOB: _____ Grade: _____

Allergy to: _____ Teacher: _____

Weight: _____ lbs. Asthma [] **Yes (higher risk for severe reaction)** [] **No**








NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction (USE EPINEPHRINE)

Extremely Reactive to the following foods/allergens: _____

THEREFORE:

- [] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten or exposure. (ie: bee stings)
- [] If checked, give epinephrine immediately if the allergen was definitely eaten or exposure (ie: bee stings), even if no symptoms are noted

**FOR ANY OF THE FOLLOWING
SEVERE SYMPTOMS**

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/ swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive
 - Consider giving additional medications following epinephrine
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
 - Lay person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after last does.
 - Alert emergency contacts
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

**FOR ANY OF THE FOLLOWING
MILD SYMPTOMS**

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/ discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN
ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE
SYSTEM AREA, FOLLOW THE
DIRECTIONS BELOW:**

1. Antihistamines may be give, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

EMERGENCY CONTACTS – 911

Parent/Guardian: _____
 Phone: _____

Parent/Guardian: _____
 Phone: _____

Name/Relationship: _____
 Phone: _____

 Parent/Guardian Authorization Signature

 Date

 Physician Authorization Signature

 Date