

Food Allergy Action Plan

School Year 2016-2017

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____ Teacher _____

Asthmatic Yes* _____ No _____ *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems:

MOUTH
THROAT*+
SKIN
GUT
LUNGS*+
HEART*+

Symptoms:

Itching, tingling & swelling of the lips, tongue, or mouth
Itching and / or a sense of tightness in the throat, hoarseness, and hacking cough
Hives, itching rash and /or swelling about the face or extremities
Nausea, abdominal cramps, vomiting and or diarrhea
Shortness of breath, repetitive coughing, and or/ wheezing
“Thready” pulse, “passing-out”

The severity of symptoms can quickly change:

*All above symptoms can potentially progress to a life- threatening situation.

+Potentially life threatening.

ACTION FOR MINOR REACTION:

If only symptom(s) are: _____

Give: _____
Medication/dose/route

Then call: Mother _____ Father _____ or emergency contacts.

If condition does not improve within 10 minutes, follow steps for Major Reaction below

ACTION PLAN FOR MAJOR REACTION:

1. If ingestion is suspected and or/symptom(s) are:

_____ give _____ IMMEDIATELY!
Medication/dose/route

Then call: 9-911 (ask for Advance Life Support)

2. Call parents-- Mother _____ Father _____ or
emergency contacts (SEE REVERSE)

3. Call Doctor _____ at _____

DO NOT HESITATE TO CALL 911!

Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____

Emergency Contacts

1. _____

Relation: _____ Phone: _____

2. _____

Relation: _____ Phone _____

3. _____

Relation: _____ Phone: _____

EPIPEN DIRECTIONS

1. Pull off gray activation cap.
2. Hold black tip near outer thigh (always apply to thigh).
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions.
4. Hold in place and count to 10.
5. The EpiPen unit should then be removed and taken with you to the Emergency Room.
6. Massage the injection area for 10 seconds.

