

Food Allergy Action Plan

School Year 2017-2018

ALLERGY TO: _____

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

Teacher _____

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

• **SIGNS OF AN ALLERGIC REACTION**

Systems:

Symptoms:

MOUTH

Itching, tingling & swelling of the lips, tongue, or mouth

THROAT*+

Itching and / or a sense of tightness in the throat, hoarseness, and hacking cough

SKIN

Hives, itching rash and /or swelling about the face or extremities

GUT

Nausea, abdominal cramps, vomiting and or diarrhea

LUNGS*+

Shortness of breath, repetitive coughing, and or/ wheezing

HEART*+

"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: 911 (ask for Advance Life Support)

2. Call parents-- Mother _____ Father _____ or
emergency contacts.

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 AND EPIPEN JR. 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.**

Hold in place and count to 10. The EpiPen unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.