



Food Allergy Emergency Action Plan

For those requiring emergency EPINEPHRINE treatment
Must be completed by Physician

Child's Name: _____

Date of Birth: _____

ALLERGIC to: _____

History of Asthma: Yes (more at risk for severe reaction) No

May self-carry medications: Yes No

May self-administer medications: Yes No

Medication Doses

EPINEPHRINE Dose:

Up to 55lbs (25kg)

- EpiPen Jr. (0.15mg)
- Adrenaclick (0.15mg)
- Auviq (0.15mg)

Over 55lbs (25kg)

- Epi Pen (0.3mg)
- Adrenaclick (0.3mg)
- Auviq (0.3mg)

ANTIHISTAMINE TYPE + Dose:

Benadryl (Diphenhydramine)

- 12.5mg (1 teaspoon or 1 chewable)
- 25mg (2 teaspoons or 2 chewables)
- 50mg (4 teaspoons or 4 chewables)
- Other antihistamine: _____

EXTREMELY REACTIVE to the following foods:

THEREFORE:

Give EPINEPHRINE immediately for ANY symptoms if the allergen was **LIKELY** eaten.

- OR -

Give EPINEPHRINE immediately if the allergen was **DEFINITELY** eaten, **even** if no symptoms are present.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following symptoms:

- Lung: Short of breath, wheeze, repetitive cough
- Heart: Pale, blue, faint, weak pulse, dizzy, confused
- Throat: Tight, hoarse, trouble breather or swallowing
- Mouth: Obstructive swelling of tongue and/or lips
- Skin: Many hives over body

Or combination of symptoms from different body areas:

- Skin: Hives, itchy rash, swelling of eyes, lips, face
- Gut: Vomiting, crampy pain

MILD SYMPTOMS only:

- Mouth: Itchy mouth
- Skin: Few hives around mouth/face, mild itch
- Gut: Mild nausea/discomfort

1. INJECT EPINEPHRINE IMMEDIATELY

2. CALL 911

3. BEGIN monitoring (see below)

4. CALL parents/guardian

5. GIVE additional medications:

- Antihistamine
- Inhaler, if asthma

1. GIVE ANTIHISTAMINE

2. BEGIN monitoring (see below)

3. CALL parents/guardian

MONITORING:

1. A **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or reoccur.
2. Stay with person. For severe reaction, keep person lying on back with legs raised if possible.
3. Tell emergency personnel EPINEPHRINE was given and what time it was administered.

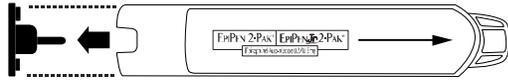
Physician Signature: _____ Phone: _____ Date: _____

Physician Printed Name: _____

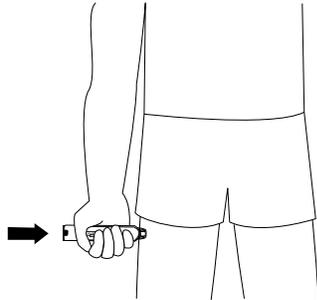
Parent/Guardian Signature: _____ Phone: _____ Date: _____

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



DEY® and the Dey Logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: _____

Parent/Guardian: _____

Phone: () -

Phone: () -

Other Emergency Contacts

Name/Relationship: _____

Name/Relationship: _____

Phone: () -

Phone: () -