

AISD Food Allergy Action Plan

Emergency Care Plan

NAME: _____ DOB: _____ TEACHER: _____

ALLERGY TO: _____

WEIGHT: _____ LBS 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 *likely* eaten.

If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms.

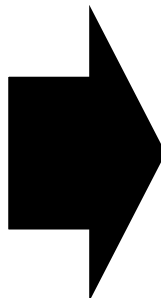
Any SEVERE SYMPTOMS after suspected or known ingestion:

ONE OR MORE of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue or lips)
- SKIN: Many hives over body

Or COMBINATION of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g. eyes/ lips)
- GUT: Vomiting, diarrhea, crampy pain

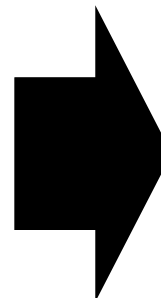


1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications *
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*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



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent.
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring (see box below)

MEDICATIONS/DOSES:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g. Inhaler-bronchodilator if asthmatic): _____

STUDENT **MAY /MAY NOT** CARRY AND SELF ADMINISTER EPI PEN _____ (CIRCLE ONE)

MONITORING: Stay with the student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Parent/Guardian Signature

Date

Physician Signature

Date