

# Food Allergy Emergency Care Plan

Student  
Picture

## Crosby-Ironton School District #182

Student's Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Asthmatic: \_\_\_ Yes \_\_\_ No \*Higher risk for severe reaction

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)
- Auvi-Q (0.15mg)

**Over 55lbs (25kg)**

- EpiPen (0.3mg)
- Adrenaclick (0.3mg)
- Auvi-Q (0.3mg)

### Antihistamine Type + Dose:

- Benadryl (Diphenhydramine)
- 12.5 mg (1 teaspoon or 1 chewable)
- 25mg (2 teaspoon or 2 chewables)
- 50mg (4 teaspoon or 4 chewables)
- Other antihistamine: \_\_\_\_\_

**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 are noted.

#### **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 and/or lips)
- Skin: Many hives over body

##### Or **combination** of symptoms from different body areas:

- Skin: Hives, itchy rashes, swelling (eyes, lips)
- Gut: Vomiting, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (as specified below)
4. Give additional medication:
  - a. Antihistamines
  - b. Inhaler if asthma

\*Antihistamines and inhaler/ bronchodilators are not to be depended upon to treat 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/guardian
3. If symptoms programs (see above) USE EPINEPHRINE
4. Begin monitoring (as specific below)

For unique situations: \_\_\_\_\_

### Monitoring

A **SECOND DOSE** of EPINEPHRINE can be given 5 minutes or more after the first if symptoms persist or recur.

*Stay with person; alert healthcare professionals and parent/guardian.* Tell rescue squad EPINEPHRINE was given. Note time when EPINEPHRINE was administered. For a severe reaction, consider keeping person lying on back with legs raised. Treat person even if parents cannot be reached. See back/attached for auto-injection technique.

Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

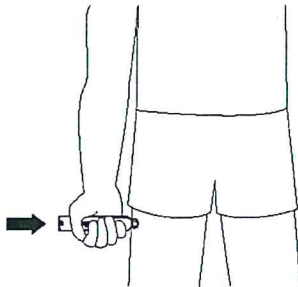
Licensed School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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

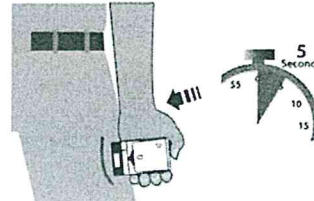
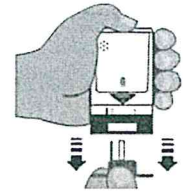


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## Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.

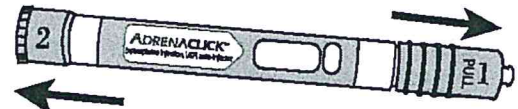


Place black end against outer thigh, then press firmly and hold for 5 seconds.

**Auvi-Q**  
epinephrine injection, USP  
0.15 mg/0.3 mg auto-injectors

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## 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.



**ADRENACLICK®**  
(epinephrine injection, USP) auto-injector  
0.15 mg 0.3 mg

**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: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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★ Network ★

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www.clinics4kids.org

Adapted from the Food Allergy & Anaphylaxis Network (FAAN) Action Plan  
www.foodallergy.org