# Food Allergy Action Plan

Student name	Date of birth	Asthma  Quality Yes (higher risk for a severe reaction) Quality No	
Weight	1		
Allergic to:			
Extremely reactive to the following foods:			
THEREFORE:			
<ul> <li>If checked, give epinephrine immediately for the checked, give epinephrine immediately if</li> </ul>	or ANY symptoms if the allergen	was likely eaten.	
a a created give epinepiliale intriculately ii	the allergen was definitely eater	n, even ir no symptoms are noted.	11
Any SEVERE SYMPTOMS after suspected or known ingestion:		1. INJECT EPINEPHRINE IMMEDIATELY	
-		2. Call 911	
One or more of the following:		3. Begin monitoring (see box below)	
LUNG: Short of breath, wheeze, repetitive cough		4. Give additional medications.*	
HEART: Pale, blue, faint, weak pulse, dizzy, confused		Antihistamine	
THROAT: Tight, hoarse, trouble breathing/swallowing		- Inhaler (bronchodilator)	if asthma
MOUTH: Obstructive swelling (tongue and/or lips) SKIN: Many hives over body		"Antihistamines and inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). Ut	
Or combination of symptoms from different body	arpac	EPINEPHRINE	
SKIN: Hives, itchy rashes, swelling (e.g., eyes			
GUT: Vomiting, crampy pain			
		1. GIVE ANTIHISTAMIN	E
MILD SYMPTOMS ONLY:		Stay with student; alert healthcare professional and parent	
MOUTH: itchy mouth  SKIN: A few hives around mouth/face, mild itch		If symptoms progress (see above), USE EPINEPHRINE	
GUT: Mild nausea/discomfort	nch		
		4. Begin monitoring (see box b	)elow)
Medications/Doses	E-C - 1 CO 450 C		
pinephrine (brand and dose):			
ntihistamine (brand and dose):			
ther (e.g., inhaler-bronchodilator if asthmatic):	4		
lonitoring			
	_	nephrine was given; request an ambuk	

Prescriber Signature

Parent/Guardian Signature

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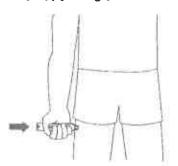
Date

### 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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# Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

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



#### SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:



Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

Slide yellow collar off plunger.

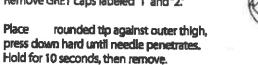
Put needle into thigh through skin, push plunger down all the way, and remove.



## Adrenaciick<sup>m</sup> 0.3 mg and Arendciick<sup>m</sup> 0.15 mg Directions



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





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	Phone:
Doctor	( ) =
DOCUMENT OF THE PROPERTY OF TH	Phone:
Parent/Guardian:	Phone:
Other Emergency Contacts	( )
Narres/Relationship:	Phone:
N. 41.	( )
Name/Relationship:	Phone:
	( ) :+: