

FOOD ALLERGY ACTION PLAN

Emergency Care Plan

Asthma:	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
<i>(higher risk for severe)</i>		

NAME: _____ D.O.B.: ____/____/____

Contact Person: _____ Phone: _____


Contact Person: _____ Phone: _____


ALLERGY to: _____

Suggested Substitution: _____

What type of exposure results in an allergic reaction in your child? *(check all that apply)*

- Ingesting (eating) Inhaling (breathing) Contacting (touching)

<p>Any SEVERE SYMPTOMS after suspected or known exposure:</p> <p>One or more of the following:</p> <p>LUNG: Short of breath, wheeze, repetitive cough</p> <p>HEART: Pale, blue, faint, weak pulse, dizzy, confused</p> <p>THROAT: Tight, hoarse, trouble breathing/swallowing</p> <p>MOUTH: Obstructive swelling (tongue and/or lips)</p> <p>SKIN: Many hives over body</p> <p>Or combination of symptoms from different body areas:</p> <p>SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)</p> <p>GUT: Vomiting, diarrhea, cramping pain</p>		<ol style="list-style-type: none">1. INJECT EPINEPHRINE IMMEDIATELY2. Call 9113. Begin monitoring (see box below)4. Give additional medications: *<ul style="list-style-type: none">– Antihistamine– Inhaler (bronchodilator) if asthma <p>*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.</p>
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<p>MILD SYMPTOMS ONLY:</p> <p>MOUTH: Itchy mouth</p> <p>SKIN: A few hives around mouth/face, mild itch</p> <p>GUT: Mild nausea/discomfort</p>		<ol style="list-style-type: none">1. GIVE ANTIHISTAMINE2. Stay with student; alert healthcare professionals and parent3. If symptoms progress (see above), USE EPINEPHRINE4. Begin monitoring (see box below)
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Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g. inhaler/bronchodilator if asthmatic): _____

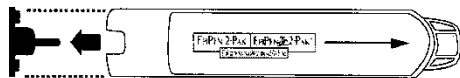
<p>Monitoring</p> <p>Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.</p>

Comments: _____

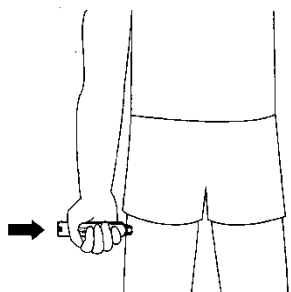
Date Provider Signature (if ordered medication) Parent/Guardian Signature School Nurse Signature

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)

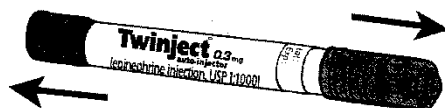


- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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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.



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.

