

# Food Allergy/Anaphylaxis Action Plan

For those requiring emergency EPINEPHRINE treatment  
"Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death."  
(National Institute of Allergy & Infectious Disease, 2010)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIC to: \_\_\_\_\_

Patient has Asthma:  Yes (more at risk for severe reaction)  No

May self-carry medications:  Yes  No

May self administer medications:  Yes  No

### EPINEPHRINE (Injection) Dose:

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- Up to 55 lbs.** (25 kg)      **Over 55 lbs.** (25 kg)
- EpiPen Jr. (0.15 mg)       EpiPen (0.3 mg)
- Adrenaclick (0.15 mg)       Adrenaclick (0.3 mg)
- Other \_\_\_\_\_

### \*Antihistamine (Oral) Dose:

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

**Special Circumstances: This patient is highly reactive to:** \_\_\_\_\_  
**GIVE EPINEPHRINE if checked:**

If the food was definitely eaten, even if no symptoms

If the food was likely eaten and any symptoms



**ANY SEVERE SYMPTOMS** after suspected or known ingestion:

Lung: Shortness of breath, wheezing, coughing

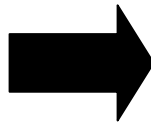
Heart: Pale, blue, faint, weak pulse, dizzy, confused

Throat: Tightness, hoarse voice, trouble breathing/swallowing

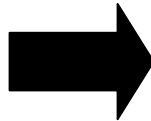
Mouth: Significant swelling (tongue and/or lips)

Skin: Redness/many hives over body

Gut: Repetitive vomiting, severe diarrhea



**ANY combination** of milder symptoms from different body areas **even without known ingestion** (example: hives and vomiting)

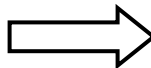


**One MILD SYMPTOM** from a single body area:

Face: Sneezing, runny/itchy nose, itchy mouth

Skin: A few hives around mouth/face, mild itch

Gut: Mild nausea, stomach upset



**TREATMENT:**

- INJECT EPINEPHRINE IMMEDIATELY**
- Call 911, tell rescue squad time EPINEPHRINE was given
- Consider giving additional medications\*
  - Antihistamine
  - Inhaler (bronchodilator) if asthma
- Lay the person flat, raise legs and keep warm. If breathing difficult or vomiting, let them sit up or lay on their side.
- Give 2<sup>nd</sup> dose of EPINEPHRINE about 5 minutes after 1<sup>st</sup> dose if symptoms do not improve or symptoms return
- Stay with person; alert emergency contacts, parents/guardian
- Transport to Emergency Dept is recommended for further monitoring

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat severe reaction (anaphylaxis). USE EPINEPHRINE.

- GIVE ANTIHISTAMINE**
- Stay with person; alert parent/guardian
- Watch closely, if symptoms worsen GIVE EPINEPHRINE (see box above)

\*DO NOT rely on antihistamines or inhalers to treat a severe reaction

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

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

Medical Provider Clinic: \_\_\_\_\_

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

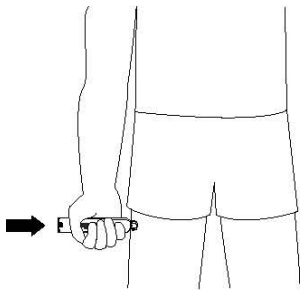
Other Emergency Contact Name/Phone: \_\_\_\_\_

**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, while holding thigh firmly to not allow movement. Hold on thigh for approximately 3 seconds.

Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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**Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions**

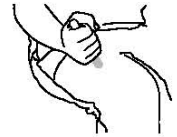


Ready for tomorrow



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

Place RED rounded tip against outer thigh, while holding thigh firmly to not allow movement. Press down hard until needle penetrates. Hold for 10 seconds, then remove.



**Do not administer epinephrine to other areas of the body. Seek medical care if skin changes occur after injection.**

**A Food Allergy/Anaphylaxis 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/Anaphylaxis Action Plan.**

**The kit supplied by parent or guardian must accompany the student if he/she is off school grounds (e.g., field trip).**

**Contacts**

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

Phone: \_\_\_\_\_ / \_\_\_\_\_

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

Phone: \_\_\_\_\_ / \_\_\_\_\_

**Other Emergency Contacts**

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

Phone: \_\_\_\_\_ / \_\_\_\_\_

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Phone: \_\_\_\_\_ / \_\_\_\_\_