

At lunch, my child may sit  
\_\_\_ At the peanut free table  
\_\_\_ At the class table

# Food Allergy Action Plan

## Emergency Care Plan

Place  
Student's  
Picture  
Here

Name: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_

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 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 (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): \_\_\_\_\_

### Monitoring

**Stay with 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. See back/attached for auto-injection technique.

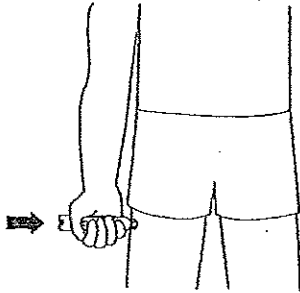
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician/Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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)



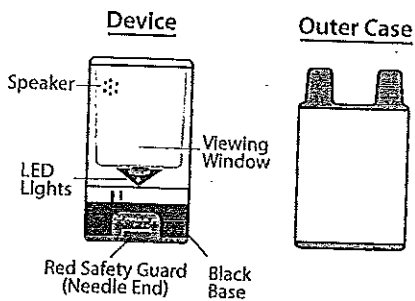
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



EPIPEN 2-PAK, EPIPEN Jr 2-PAK, and EPIPEN Jr 2-Pak are registered

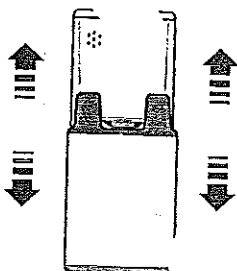
### How to use your Auvi-Q™

Figure A



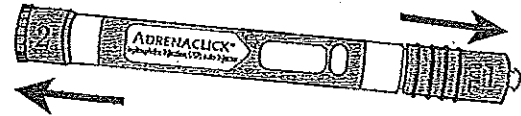
- Pull Auvi-Q™ from the outer case. See Figure B. Do not go to step 2 until you are ready to use Auvi-Q™. If you are not ready to use Auvi-Q™, put it back in the outer case.

Figure B.



- Pull off Red safety guard. See Figure C. To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is

## 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.

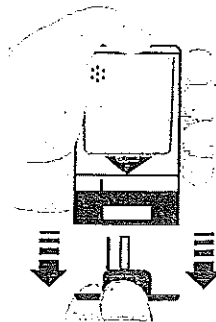
A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

where the needle comes out. If an accidental injection happens, get medical help right away.

**Note:** The red safety guard is made to fit tight. Pull firmly to remove.

Figure C.



- Place black end of Auvi-Q™ against the middle of the outer thigh (through clothing, if needed), then press firmly, and hold in place for 5 seconds. See Figure D.

Only inject into the middle of the outer thigh. Do not inject into any other part of the body.

**Note:** Auvi-Q™ makes a distinct sound (click and hiss) when you press it against your outer thigh. This is normal and indicates Auvi-Q™ is working correctly. Do not pull Auvi-Q™ away from your leg when you hear the click and hiss sound.