



505 7<sup>th</sup> Street  
Abernathy, TX 79311

# Food Allergy Action Plan

2018-2019

Place  
Child's  
Picture  
Here

Student's Name: \_\_\_\_\_ D.O. B. \_\_\_\_\_ Teacher: \_\_\_\_\_

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

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

## ➤STEP 1: TREATMENT➤

### Symptoms:

### Give Checked Medication\*\*:

(To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give  
The severity of symptoms can quickly change. † Potentially life threatening.

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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### Dosage:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3mg Twinject™ 0.15 mg  
(see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** : give \_\_\_\_\_  
medication/dose/route

## ➤STEP 2: EMERGENCY CALLS➤

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State than an allergic reaction has been treated and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ at \_\_\_\_\_.

### 3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NO HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

**TRAINED STAFF MEMBERS**

1. \_\_\_\_\_

Room \_\_\_\_\_

2. \_\_\_\_\_

Room \_\_\_\_\_

3. \_\_\_\_\_

Room \_\_\_\_\_

**EPIPEN®**  
(Epinephrine) Auto-Injectors 0.3/0.15mg

userguide

**1 Pull off the blue safety release cap.**

blue safety release cap  
orange tip

**2 Swing and firmly push the orange tip against the outer thigh so it 'clicks.' HOLD on thigh for approximately 10 seconds to deliver the drug.**

**PLEASE NOTE:** As soon as you release pressure from the thigh, the protective cover will extend.

Each EpiPen Auto-Injector contains a single dose of a medicine called epinephrine, which you inject into your outer thigh. **DO NOT INJECT INTRAVENOUSLY. DO NOT INJECT INTO YOUR BUTTOCK,** as this may not be effective for a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.

HOLD for 10 seconds

**Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions**

Pull off green cap, then red end cap.

Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

**SECOND DOSE ADMINISTRATION:**  
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base. Slide yellow or orange collar off plunger.

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

**Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.**