Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_

# FOOD ALLERGY ACTION PLAN

Confidential Individualized Health Care Plan

**Parent/Guardian**: Please answer questions below regarding your student's food allergies.

1. My student is allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \*Asthmatic? □ Yes □ No (\* May be higher risk for severe reactions)

Step 1: Treatment ***(Remember if emergency medications are to be given, an additional form is required for medication administration.)***

 **Symptom Give Checked Medication**

1. If a food allergen has been ingested, but no symptoms □ Epinephrine □ Antihistamine

2. Mouth---Itching, tingling or swelling of lips, tongue or mouth □ Epinephrine □ Antihistamine

3. Skin---Hives, itchy rash, swelling of the face or extremities □ Epinephrine □ Antihistamine

4. Stomach---Nausea, abdominal cramps, vomiting, diarrhea □ Epinephrine □ Antihistamine

5. Throat\*—Tightening of throat, hoarseness, hacking cough □ Epinephrine □ Antihistamine

6. Lung\*---shortness of breath, repetitive coughing, wheezing □ Epinephrine □ Antihistamine

7. Heart\*---Weak or thready pulse, low blood pressure, fainting, pale, □ Epinephrine □ Antihistamine

 or blueness

8. Other\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Epinephrine □ Antihistamine

9. If reaction is progressing with several areas affected, give □ Epinephrine □ Antihistamine

***\*Any change in respirations or heart should be treated as a life threatening emergency.***

Step 2: Dosage

Epinephrine: inject intramuscularly (circle one)

 EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg

Antihistamine: Give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medication(s): Give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Step 3: Emergency Calls

1. 911 (State that an allergic reaction has been treated and additional epinephrine may be needed)

2 Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Parent/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Personnel Intervention**:

 \*Send student to school nurse or to the main office immediately, accompanied by another person

 \*Administer any ordered medication \*Keep student sitting up \*Stay with student continuously

 \*If no symptoms after 20 minutes, student may return to class with parent permission

 \*Observe for signs of anaphylactic shock: **Increased swelling, hives, vomiting, respiratory**

 **distress, loss of color around lips, or weak pulse.**

 \*Monitor breathing and begin rescue breathing as necessary \*Call 911

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please complete back of form and return to school nurse.***