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Food Allergy Action Plan

Student Name _____

Date of Birth (mm/dd/yr) _____

Teacher _____

ALLERGY

Please Provide
ID Photo

Allergy To: _____

***Asthmatic**

☐

Yes*

☐

No

**Higher risk for severe reaction*

STEP 1: TREATMENT

Symptoms

- 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.

*** (To be determined by physician authorizing treatment)*

☐ Epinephrine

☐ Antihistamine

☐ Epinephrine

☐ Antihistamine

☐ Epinephrine

☐ Antihistamine

☐ Epinephrine

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☐ Epinephrine

☐ Antihistamine

Dosage

Epinephrine: inject intramuscularly (see reverse side for instructions)

☐ EpiPen®

☐ EpiPen® Jr.

☐ Twinject™ 0.3 mg

☐ Twinject™ 0.15 mg

Antihistamine: give _____

(medication/dose/route)

Other: give _____

(medication/dose/route)

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad): _____ State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Physician: _____ Phone: _____

3. Parents: _____ Phone(s): _____

4. Emergency Contact #1 _____
Name Relationship Phone

Emergency Contact #2 _____
Name Relationship Phone

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ **Date:** _____

Physician Signature (required) _____ **Date:** _____

Name _____

Room _____

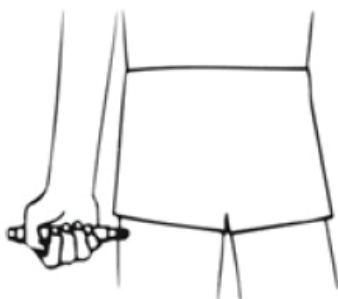
1. _____
2. _____
3. _____

EPIPEN®/EPIPEN® JR. DIRECTIONS

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove EpiPen® unit and massage the injection area for 10 seconds

TWINJET™ 0.3MG/TWINJET™ 0.15MG DIRECTIONS

- Pull off green end cap, then red 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 used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*