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Food Allergy Action Plan

Emergency Care Plan

Name: _____ D.O.B.: _____
Weight: _____ lbs.

Allergy to: _____

Allergy Safe Table in Cafeteria: Yes No

For **Severe Symptoms** or after suspected or known ingestion:

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 or lips)
Skin: Hives
Gut: Vomiting, diarrhea, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY (Time: _____)

2. Call 911

3. Begin monitoring*

4. Give additional medications:

-Antihistamine

-Inhaler if asthma

*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.

For **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

Medications/Doses

Epinephrine

Antihistamine

Other (e.g., inhaler if
asthmatic) _____

Parent/Guardian Signature

Date

Physician Signature

Date