

Food Allergy / Anaphylaxis Action Plan

Student's Name: _____ D.O.B. _____ Teacher/Classroom: _____



Photo
of
Student

ALLERGIC TO:

Childs Weight: _____

Asthmatic: Yes No

◆ STEP 1. TREATMENT ◆ (To be completed by Child's Physician)

SIGNS OF AN ALLERGIC REACTION		MEDICATION						
		Please indicate which medication we should give first, second or N/A. Please circle action required for each symptom. NOTE: <i>every box should have a selection- either 1st, 2nd or N/A.</i>						
Category	Symptom (s)	 Epinephrine				 Antihistamine		
_____	No symptoms and <i>suspected</i> ingestion of allergen.	1st	2nd	N/A	*	1st	2nd	N/A
_____	No symptoms and <i>known</i> ingestion of allergen.	1st	2nd	N/A	*	1st	2nd	N/A
<i>Mouth</i>	Itching, tingling, or swelling of lips, tongue, or mouth	1st	2nd	N/A	*	1st	2nd	N/A
<i>Nose/Eyes</i>	Hay fever-like symptoms: runny, itchy nose; red eyes	1st	2nd	N/A	*	1st	2nd	N/A
<i>Skin (1)</i>	Localized hives and/or localized itchy rash	1st	2nd	N/A	*	1st	2nd	N/A
<i>Skin (2)</i>	Hives and/or itchy rash on more than one part of the body swelling of face or extremities	1st	2nd	N/A	*	1st	2nd	N/A
<i>Gut</i>	Nausea, abdominal cramps, vomiting, diarrhea	1st	2nd	N/A	*	1st	2nd	N/A
<i>Throat</i>	Hacking cough, tightening of throat, hoarseness, difficulty swallowing	1st	2nd	N/A	*	1st	2nd	N/A
<i>Lung</i>	Shortness of breath; wheezing; short, frequent, shallow cough	1st	2nd	N/A	*	1st	2nd	N/A
<i>Heart</i>	Weak pulse, low blood pressure, fainting, dizzy, pale, cyanosis (blueness)	1st	2nd	N/A	*	1st	2nd	N/A
<i>Multiple</i>	Symptoms from two or more of the above categories	1st	2nd	N/A	*	1st	2nd	N/A
<i>Other</i>		1st	2nd	N/A	*	1st	2nd	N/A

***If symptoms do not improve within 5 minutes of administering epinephrine, give a second dose.**

DOSAGE:

Epinephrine: inject intramuscularly: _____

Antihistamine: _____
medication name/dose

Other: _____

◆ **STEP 2. EMERGENCY CALLS** ◆ (To be completed by Parent or Guardian OR Child's Physician)

CONTACTS

CALL 911

Doctor: _____ Phone: (____)____ - _____

Parent/Guardian: _____ Phone: (____)____ - _____

Parent/Guardian: _____ Phone: (____)____ - _____

Emergency Contacts other than Parent or Guardian

Name/Relationship: _____ Phone: (____)____ - _____

Name/Relationship: _____ Phone: (____)____ - _____

After epinephrine given, staff should:

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request and 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.

The a forenamed student is my patient and I have authorized the treatment protocol outlined on the preceding page.

Physician signature and date: _____

I authorize ANY ADULT at Merritt Academy to administer epinephrine to the a forenamed student as per the protocol outlined on the preceding page.

Parent/Guardian signature and date: _____

A safety sack/response kit should contain 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).