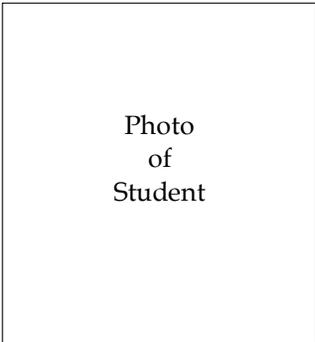


# Food Allergy / Anaphylaxis Action Plan



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

**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.	*	
_____	No symptoms and <i>known</i> ingestion of allergen.	*	
<i>Mouth</i>	Itching, tingling, or swelling of lips, tongue, or mouth	*	
<i>Nose/Eyes</i>	Hay fever-like symptoms: runny, itchy nose; red eyes	*	
<i>Skin (1)</i>	Localized hives and/or localized itchy rash	*	
<i>Skin (2)</i>	Hives and/or itchy rash on more than one part of the body swelling of face or extremities	*	
<i>Gut</i>	Nausea, abdominal cramps, vomiting, diarrhea	*	
<i>Throat</i>	Hacking cough, tightening of throat, hoarseness, difficulty swallowing	*	
<i>Lung</i>	Shortness of breath; wheezing; short, frequent, shallow cough	*	
<i>Heart</i>	Weak pulse, low blood pressure, fainting, dizzy, pale, cyanosis (blueness)	*	
<i>Multiple</i>	Symptoms from two or more of the above categories	*	
<i>Other</i>		*	

**\*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).***