

# ԾԱԲՕՐՏՂԱ Ա՛ՅՕԾԱԲՐՈ

## FOOD ALLERGY ACTION PLAN

Student Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ Asthma: \_\_\_\_\_ Yes (high risk for severe reaction) \_\_\_\_\_ No

Extremely reactive to the following foods: \_\_\_\_\_

\_\_\_\_\_ Give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten

\_\_\_\_\_ Give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noticeable

### Any **SEVERE SYMPTOMS** after suspected or known ingestion

#### One or more of the following:

**LUNG:** Short of breath, wheeze, repetitive cough

**HEART:** Pale, blue, faint, weak pulse, dizzy

**THROAT:** Tight, hoarse, trouble breathing/swallowing

**MOUTH:** Obstructive swelling (tongue and/or lips)

**SKIN:** Many hives over body

#### Or a combination of symptoms from different body areas:

**SKIN:** Hives, itchy rashes, swelling (eyes, lips)

**GUT:** Vomiting, diarrhea, crampy pain



### INJECT EPINEPHRINE IMMEDIATELY

Call 911

Give additional medications (antihistamine or inhaler if asthma)

*\*Antihistamines and inhalers/bronchodilators are not to be depended on to treat a severe reaction.*

**USE EPINEPHRINE.**

**MILD SYMPTOMS ONLY:**

**MOUTH:** Itchy mouth

**SKIN:** A few hives around mouth/face, mild itch

**GUT:** Mild nausea/discomfort



Give antihistamine

Stay with the student; alert healthcare professionals and parent

If symptoms progress (see above) USE EPINEPHRINE

Begin monitoring (see box below)

**Medications/Doses**

Epinephrine (brand/dose): \_\_\_\_\_

Antihistamine (brand/dose): \_\_\_\_\_

Other (inhaler/bronchodilator if asthmatic): \_\_\_\_\_

**Monitoring**

***Stay with student; alert healthcare professionals and parent.*** Tell rescue squad epinephrine was given and request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given five (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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date