

Child Food Allergy Emergency Plan

(Only needed if a child has a physician-diagnosed food allergy that requires the use of emergency action/medication – A new plan is needed each school year)

Child's Name: _____ DOB: _____

ALLERGY TO: _____
_____ if ingested only _____ if exposed by breathing, touching or ingesting

This child's classroom is recommended to be _____ free due to the severity of this child's allergy.
(name of food item(s))

Other children in this classroom are allowed to bring _____ into the room but this/these food item(s) need to be kept away from this child. (name of food item(s))

Asthmatic (Higher risk for severe reaction) ____ Yes ____ No

STEP 1: TREATMENT

Symptoms:

Give Checked Medication

To be determined by the physician authorizing treatment)

- | | | |
|--|------------------|--------------------|
| • If a food allergen has been ingested, but <i>no symptoms</i> | ____ Epinephrine | ____ Antihistamine |
| • If child has been exposed by breathing or touching, but <i>no symptoms</i> | ____ Epinephrine | ____ Antihistamine |
| • Mouth Itching, tingling or swelling of lips, tongue, mouth | ____ Epinephrine | ____ Antihistamine |
| • Skin Hives, itchy rash, swelling of the face or extremities | ____ Epinephrine | ____ Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea | ____ Epinephrine | ____ Antihistamine |
| • Throat** Tightening of throat, hoarseness, hacking cough, itching | ____ Epinephrine | ____ Antihistamine |
| • Lung** Shortness of breath, repetitive coughing, wheezing | ____ Epinephrine | ____ Antihistamine |
| • Heart** Thready pulse, low blood pressure, fainting, pale, blueness | ____ Epinephrine | ____ Antihistamine |
| • Other** _____ | ____ Epinephrine | ____ Antihistamine |

**Potentially life-threatening- Act Fast / Severity of symptoms can quickly change / Only a few symptoms may present
Bronchodilators and/or antihistamines cannot be depended on in Anaphylaxis.

DOSAGE

Epinephrine: Inject intramuscularly in the thigh using (circle one) Epi-Pen Epi Pen Jr.

Antihistamine: give _____ (Name of antihistamine, dosage, method of administration)

Other: give _____ (Medication, dosage, method of administration)

REPEAT: _____

STEP 2: EMERGENCY CALLS

1. Stay with the child. Call 911. Note time epinephrine was given, a second dose may be given 5 minutes or more after the first dose if symptoms persist or recur. State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Parent: _____ Phone Number _____
Parent: _____ Phone Number _____
3. **EVEN IF PARENT CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature: _____

Date: _____

Doctor's Signature: _____

Date: _____