

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

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

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

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

PLACE  
PICTURE  
HERE

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

**THEREFORE:**

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

## FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting, severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

## Individual Considerations:

Bus - Transportation has been alerted of student's allergy ☐ Yes ☐ No Bus#: \_\_\_\_\_  
☐ Student carries Epipen on the bus ☐ Yes ☐ No  
☐ Epipen can be found in ☐ Backpack ☐ Purse ☐ Other \_\_\_\_\_  
☐ Student requires preferential seating ☐ Yes ☐ No  
☐ Other (specify) \_\_\_\_\_

## Classroom - For Food Allergy ONLY

- ☐ Student is allowed to eat only the following foods:
  - ☐ those in manufactured packaging with ingredients listed and determined to be allergen-safe by the PCP or Parent/Guardian
  - ☐ those approved by parent
- ☐ Alternative snacks will be provided by Parent/Guardian to be kept in classroom
- ☐ Parent/Guardian to be advised of planned parties as early as possible
- ☐ Student to wear ID bracelet indicating allergy
- ☐ Signs posted in classroom indicating classroom free of allergen (peanuts, red dye, etc.)
- ☐ Middle/High School student will be making his/her own decisions

## Cafeteria - Alerted of student's allergy ☐ Yes ☐ No

### Student will:

- ☐ NOT share or trade food items in the lunch room
- ☐ Bring a packed lunch daily
- ☐ Be able to identify food allergy restrictions
- ☐ NO RESTRICTIONS

*Please initial next to each statement below:*

- \_\_\_\_\_ I request this medication be administered as ordered by the student's licensed health care provider.
- \_\_\_\_\_ I give Joseph Badger School's staff permission to communicate with the health care provider about this medication.
- \_\_\_\_\_ I understand that these medications may be administered by certified staff members who have been trained in the administration of emergency medication.
- \_\_\_\_\_ I agree that this medical information may be shared with school staff working with my student and 911 staff if needed.
- \_\_\_\_\_ I assume responsibility for supplying medication to the school that will not expire during the course of its intended use.
- Expired medication cannot be administered.**
- \_\_\_\_\_ Medication must be in original prescription container with instructions as noted by health care provider.
- \_\_\_\_\_ I will provide an additional Epipen in the clinic if my child is authorized to self carry.
- \_\_\_\_\_ In the event of an emergency, I give my permission for transport and treatment at the nearest medical facility.

## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.): **additional Epipen is required to be stored in clinic if student is authorized to self carry**

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

## EMERGENCY CONTACTS — CALL 911

Preferred Hospital: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

## OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

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