



DIAGNOSED AND UNDIAGNOSED

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

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

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

Weight: \_\_\_\_\_ lbs.

Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

## For a suspected or active food allergy reaction:

### FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

[ ] if checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



#### Lung

Short of breath, wheezing, repetitive cough



#### Heart

Pale, blue, faint, weak pulse, dizzy



#### Throat

tight, hoarse, trouble breathing/ swallowing



#### Mouth

Significant swelling of the tongue and/or lips



**Skin** many hives over body, widespread redness



#### Gut

repetitive vomiting or severe diarrhea



#### Other

Feeling something bad is about to happen, anxiety, confusion

Or a combination of mild or severe symptoms from different body areas.

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

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Request ambulance with epinephrine.
  - Consider giving additional medications (following or with the epinephrine):
    - » Antihistamine
    - » Inhaler (bronchodilator) if asthma
  - Lay the student flat and raise legs. 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 student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

**NOTE:** When in doubt, give EPINEPHRINE.

### MILD SYMPTOMS

[ ] if checked, give epinephrine immediately for Any symptoms if the allergen was likely eaten.



#### Nose

Itchy/runny nose, sneezing



#### Mouth

Itchy mouth



#### Skin

A few hives, mild itch



#### Gut

Mild nausea/discomfort



- 1. Give Antihistamines, if Ordered by Physician**
- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **Give EPINEPHRINE.**

### Medications/Doses

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg Im [ ] 0.3 mg Im

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

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

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

Parent/Guardian Authorization Signature

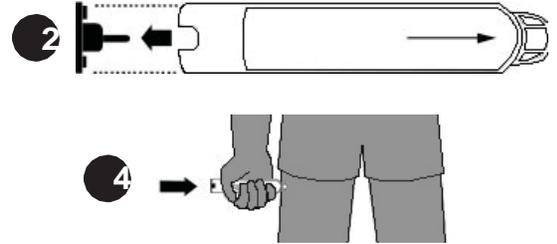
Date

Physician/HCP Authorization Signature

Date

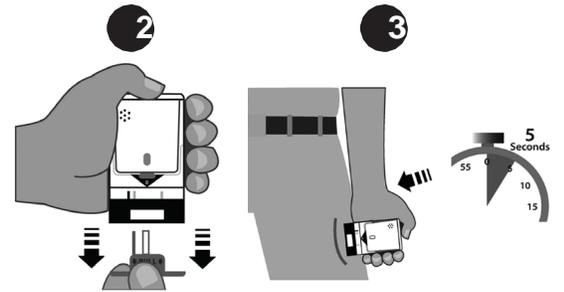
## EPIPEN® (EPINEPHRINE) Auto-Injector Directions

1. Remove the Epi-Pen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



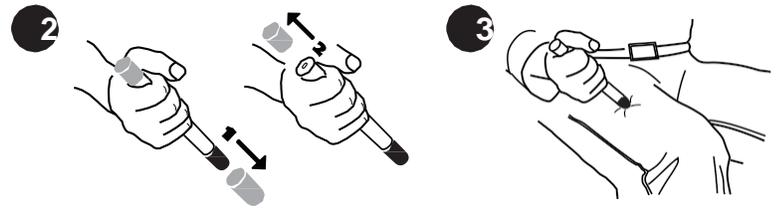
## Auvi-Q™ (EPINEPHRINE Injection, USP) Directions

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## Adrenaclick®/Adrenaclick® Generic Directions

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



**Other Directions/Information** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

### Emergency Contacts — CALL 911

Rescue Squad: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Emergency Contacts

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Authorization Signature

Date