**Food Allergy Action Plan / Emergency Care Plan**

Name of child ________________________________________________________________

DOB __/__/__  Weight ______ lbs.

Allergy to ________________________________________________________________

A child with asthma is at higher risk for a severe allergic reaction.

**Does this child have asthma?** □ No □ Yes  *(if Yes, complete Asthma Action Plan found on ndchildcare.org website)*

**Extremely reactive to the following foods** ____________________________________________  
*Therefore, (check one of the following)*

□ 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 noted.

**SEVERE SYMPTOMS after suspected or know ingestion**

Child shows one or more of the following

- **LUNG:** Short of breath, wheeze, repetitive cough
- **HEART:** Pale, blue, faint, weak pulse, dizzy, confused
- **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 (e.g. eyes, lips)
- **GUT:** Vomiting, diarrhea, crampy pain

**1. Inject EPINEPHRINE immediately.**

**2. Call 911**

**3. Begin monitoring (see box below)**

**4. Give additional medications*  
- Antihistamine  
- Inhaler (bronchodilator if asthma)**

* Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

**MILD SYMPTOMS ONLY**

- **MOUTH:** Itchy mouth
- **SKIN:** A few hives around mouth/face, mild itch
- **GUT:** Mild nausea/discomfort

**1. Give ANTIHISTAMINE**

**2. Stay with child; alert healthcare professionals and parent**

**3. If symptoms progress (see above)**  
USE EPINEPHRINE

**4. Being monitoring (see box below)**

**Medications / Doses**

- Epinephrine (brand and doses) __________________________________________________________

- Antihistamine (brand and doses) _________________________________________________________

- Other (e.g. inhaler-bronchodilator if asthmatic) ____________________________________________

**Monitoring**

Stay with student; alert health care professionals and parents.

Tell rescue squad epinephrine was given; request an 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 child lying on back with legs raised. Treat child even if parents cannot be reached. See page two for auto-injection technique.

Parent / guardian signature: ___________________________________________  Date: _____________

Healthcare Provider signature: ___________________________________________  Date: _____________
An allergy response kit should contain at least two doses of epinephrine, other medications as noted by the child’s physician, and a copy of the Allergy Action Plan. A kit must accompany the child if he/she is off school grounds (ie: field trip)

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**EpiPen Auto-Injector and EpiPen Jr Auto-Injector**

- Remove the EpiPen Auto-Injector from plastic carrying case.
- Pull off the blue safety release cap.
- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh.
- Hold on thigh for approximately 10 seconds.
- Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.

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**Contacts**

Call 911 (Rescue Squad) Phone (___) _____ - _________

Doctor’s Name ______________________________________ Phone (___) _____ - _________
Parent/Guardian ______________________________________ Phone (___) _____ - _________

Other Emergency Contacts

Name/Relationship ______________________________________ Phone (___) _____ - _________
Name/Relationship ______________________________________ Phone (___) _____ - _________