

Food Allergy Action Plan / Emergency Care Plan

Name of child _____

DOB ____/____/____ Weight _____ lbs.

Allergy to _____

Place
Child's
Picture
Here

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: _____

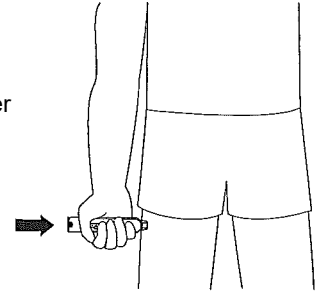
An allergy response kit should contain at least two doses of epinephrine, other medications as noted by the child's physician, and a copy of the Allergy Action Plan. A kit must accompany the child if he/she is off school grounds (ie: field trip)

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.



Contacts

Call 911 (Rescue Squad) Phone (____) ____ - ____

Doctor's Name _____

Phone (____) ____ - ____

Parent/Guardian _____

Phone (____) ____ - ____

Other Emergency Contacts

Name/Relationship _____

Phone (____) ____ - ____

Name/Relationship _____

Phone (____) ____ - ____

Sources:

Food Allergy & Anaphylaxis Network (FAAN) www.foodallergy.org

Form provided by Child Care Aware® of North Dakota Health Consultants.

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