Food Allergy Action Plan / Emergency Care Plan

Form provided by Health Consultant Team at Child Care Aware of North Dakota

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)

**Contacts**

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

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

Parent/Guardian ____________________________________ Phone (___) _____ - _________

Other Emergency Contacts

Name/Relationship _________________________________ Phone (___) _____ - _________

Name/Relationship _________________________________ Phone (___) _____ - _________

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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.