

# Castle Country Academics Food Allergy Action Plan

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic:                  Yes ( )                  No ( )

### \*Step 1: Treatment\*

Symptoms:

Give Checked Medication:

- \*If a food allergen has been ingested but no response ( ) Epinephrine ( ) Antihistamine
- \*Mouth...Itching, tingling, or swelling of lips, tongue, mouth ( ) Epinephrine ( ) Antihistamine
- \*Skin...Hives, itchy rash, swelling of the face or extremities ( ) Epinephrine ( ) Antihistamine
- \*Gut...Nausea, abdominal cramps, vomiting diarrhea ( ) Epinephrine ( ) Antihistamine
- \*Throat...Tightening of throat, hoarseness, hacking cough ( ) Epinephrine ( ) Antihistamine
- \*Lung...Shortness of breath, repetitive coughing, wheezing ( ) Epinephrine ( ) Antihistamine
- \*Heart...Thready pulse, low blood pressure, fainting, pale, blueness ( ) Epinephrine ( ) Antihistamine
- \*Other \_\_\_\_\_ ( ) Epinephrine ( ) Antihistamine

Dosage

Epinephrine: inject intramuscularly (circle one)    EpiPen    EpiPen Jr.    Twinject 0.3mg    twinject 0.15mg

(see reverse side for instructions)

Antihistamine: medication/dose/route    give \_\_\_\_\_

Other: medication/dose/route    give \_\_\_\_\_