

**FOOD ALLERGY EMERGENCY ACTION PLAN**

**DOCTOR, PLEASE COMPLETE THE FOLLOWING EMERGENCY PLAN AND RETURN IT TO THE SCHOOL NURSE.**

Date: \_\_\_\_\_

School: St. Ignatius Fax Number 389-3251

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Please list all food allergies: \_\_\_\_\_

Does this child have asthma? Yes  No

**TREATMENT**

**Must Also Complete Medication Administration Consent Form**

- If a food allergen has been ingested, but *no symptoms*:  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, cyanosis:  Epinephrine  Antihistamine
- Other: \_\_\_\_\_  Epinephrine  Antihistamine

**PLEASE NOTE:**

1. If reaction is progressing (several of the above areas affected), the nurse will give epinephrine.
2. If epinephrine is administered, 911 will be called and the child will be transported to a hospital via EMS
3. If epinephrine is given and symptoms persist or worsen after 10-15 minutes, a second dose will be given.

**When do you want to be called by the parent/guardian or school nurse?**

\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: _____	Date: _____
Physician Name/Address/Phone : _____	

**SCHOOL NURSE: Kathy Reder BSN RN      PHONE: 389-3242 ext. 4**