

Food Allergy Emergency Action Plan

Patient Information

Child's Name: _____

Date of Birth: _____

Grade/Classroom: _____

Photo: [Attach photo here]

ALLERGENS (Check all that apply):

- | | | |
|---------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Tree Nuts: _____ | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Wheat | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Other: _____ | | |

SIGNS & SYMPTOMS OF AN ALLERGIC REACTION

MILD SYMPTOMS (May progress to severe):

- Itchy mouth, lips, or throat
- Hives, rash, or itchy skin
- Mild stomach pain or nausea
- Sneezing, runny nose
- Itchy, watery eyes

SEVERE SYMPTOMS (ANAPHYLAXIS) — ACT IMMEDIATELY:

- Difficulty breathing, wheezing, shortness of breath

- ■ Swelling of tongue, lips, or throat
- ■ Difficulty swallowing
- ■ Dizziness, fainting, or loss of consciousness
- ■ Pale or blue skin color
- ■ Repetitive coughing
- ■ Weak pulse
- ■ Severe vomiting or diarrhea

EMERGENCY ACTION STEPS

**IF ANY SEVERE SYMPTOMS ARE PRESENT:
GIVE EPINEPHRINE IMMEDIATELY — DO NOT WAIT**

Step 1: INJECT EPINEPHRINE

- Inject epinephrine into outer thigh (can be given through clothing)
- Note the time of injection: _____

Step 2: CALL 911

- Tell them: 'Child is having anaphylaxis. Epinephrine has been given.'
- Request ambulance with epinephrine

Step 3: CALL PARENT/GUARDIAN

- Primary: _____ Phone: _____
- Secondary: _____ Phone: _____

Step 4: POSITION & MONITOR

- Lay child flat with legs elevated (unless having breathing difficulty — then let them sit up)
- Do NOT have child stand or walk
- If symptoms don't improve in 5-15 minutes, give SECOND dose of epinephrine

Step 5: TRANSPORT TO HOSPITAL

- Child MUST go to emergency room even if symptoms improve
- Symptoms can return (biphasic reaction)

MEDICATIONS ON FILE

Epinephrine Auto-Injector:

■ EpiPen ■ Auvi-Q ■ Generic

Dose:

■ 0.15 mg (Jr) ■ 0.30 mg

Location of Medication:

Antihistamine:

Other Medications:

AUTHORIZATIONS

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Physician Name (Print): _____ Phone: _____

Wisconsin Food Allergy Institute
262-657-9390 | wisconsinfoodallergy.com
This form should be reviewed and updated annually.