

Individualized Food Allergy Health Care Plan

School Year _____

Name of Student: _____

Grade/Teacher: _____

Allergen (s): _____

Prevention

Problem:

Potential for anaphylaxis and or less serious allergic reactions secondary to exposure to food allergen:
_____.

Interventions:

Avoid exposure to food allergen:

1. School Nurse/ Parent will inform teachers, food service employees, first responder in school building about student's food allergy at the beginning of every school year/ semester (if applicable- MS/HS).
2. Parent will be encouraged to send student to school with cold lunch and snacks.
3. Parent will provide special "safe snack box" for student to choose from if classmates bring treats containing allergen(s).
4. Teacher will call parent to question whether a particular food product is safe if unsure.
4. If food provided by classmate has unknown content, allergic student will be instructed not to ingest it.
5. At snack and lunch time, supervising staff will monitor student activity to prevent sharing of foods or exposure in any way (through topical exposure) between allergic student and classmates.
6. If requested by parent, separate table or seating may be requested for student with food allergy during meals/snacks.
7. Student will be instructed to tell staff immediately if exposed either through ingestion or topically to food allergen.
8. Student will be taught to read labels, to identify sources of food allergens and advocate for him/herself regarding the food allergy as developmentally appropriate. This will be done by parent, school nurse, teachers as the opportunity arises.
9. **ALL Students with serious/ life threatening allergies will have the attached:
"FOOD ALLERGY ACTION PLAN" completed by the parent and physician at the beginning of each new school year.** (This includes the med orders as well)
10. List any other interventions specific to student :

Goals:

1. Student will avoid exposure to allergen
2. Student will not have any allergic reactions

Date Notified: _____ Classroom Teachers _____ Building Food Service workers
_____ Building First Responders By Whom: _____

Food Allergy Action Plan

Student's
Name: _____

D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Place
Child's
Picture
Here

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give _____

The severity of symptoms can quickly change. †Potentially life-threatening.

Give Checked Medication**:

**(To be determined by physician authorizing treatment)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____ at _____

3. Parents _____ Phone Number(s) _____

4. Emergency contacts:
Name/Relationship _____ Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____
(Required)

TRAINED STAFF MEMBERS

1. _____
2. _____
3. _____

Room _____

Room _____

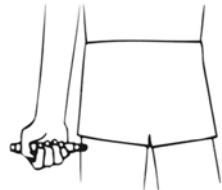
Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).

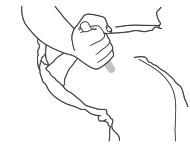


- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:



- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.