

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs.

Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No**For a suspected or active food allergy reaction:****PLACE
STUDENT'S
PICTURE
HERE****FOR ANY OF THE FOLLOWING
SEVERE SYMPTOMS**☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.**LUNG**

Short of breath, wheezing, repetitive cough

**HEART**

Pale, blue, faint, weak pulse, dizzy

**THROAT**

Tight, hoarse, trouble breathing/ swallowing

**MOUTH**

Significant swelling of the tongue and/or lips

**SKIN**

Many hives over body, widespread redness

**GUT**

Repetitive vomiting or severe diarrhea

**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of mild or severe symptoms from different body areas.**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.****NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.****MILD SYMPTOMS**☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.**NOSE**

Itchy/runny nose, sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives, mild itch

**GUT**

Mild nausea/discomfort



- 1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

1. INJECT EPINEPHRINE IMMEDIATELY.**2. Call 911.** Request ambulance with epinephrine.

- Consider giving additional medications (following or with the epinephrine):
 - » Antihistamine
 - » Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____

PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____

DATE _____

**FARE**

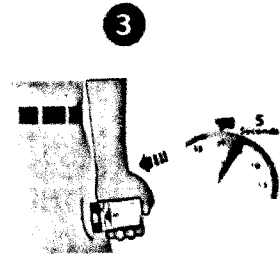
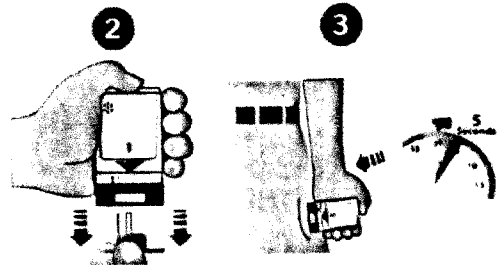
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

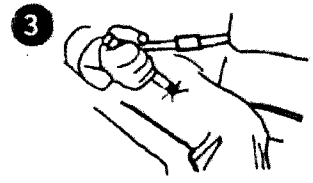
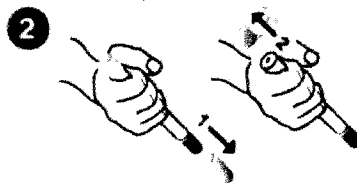
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**ADRENALINE®/ADRENALINE® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____