Middlesex

Food Allergy and Anaphylaxis Emergency Care Plan

Name_____**D.O.B.**_____

Allergy to:_____

Weight:_____**lbs.** **Asthma?: [ ]Yes (higher risk for a severe reaction) [ ]No**

[ ] Epinephrine has not been prescribed for this food allergy if checked.

For suspected or active food allergy reaction:

[ ] Give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms if checked.

Give epinephrine immediately for severe symptoms:

Short of breath, wheezing, repetitive coughing
Weak pulse, faint, dizzy, pale
Tight throat, hoarse, trouble swallowing
Significant swelling of lips and/or tongue
Widespread hives
Repetitive vomiting or severe diarrhea
Anxiety, confusion
Or a combination of mild or severe symptoms from different body areas

[ ] Give epinephrine immediately if the allergy was likely eaten and any mild symptoms are present, if checked

Mild Symptoms:
Itchy runny nose, sneezing
Itchy mouth
A few hives, mild itch
Mild nausea/discomfort

[ ] May give Antihistamine first if mild symptoms only are present if checked

Stay with student, alert parents and health care professional. If symptoms progress, USE EPINEPHRINE.

If epinephrine is given, call 911. Request an ambulance with epinephrine. Note time when epinephrine was given. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.

Physician's signature_____Date_____