

**FOOD ALLERGY ACTION PLAN (FAAP)
EMERGENCY ACTION PLAN (EAP)**

Student name: _____ **D.O.B.** _____

Allergy to: _____

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

If you suspect that a food allergen has been ingested (or insect sting), immediately determine the symptoms and treat the reaction as follows:

Symptoms:

Mouth: Itching, tingling, swelling of lips, tongue, mouth
Skin: Hives, swelling on face or extremities, itchy rash
Gut: Nausea, abdominal cramps, vomiting, diarrhea
Throat: Tightening of throat, hoarseness, hacking cough
Lung: Shortness of breath, repetitive coughing, wheezing
Heart: Thready pulse, passing out, fainting, pale, blueness
General: Panic, sudden fatigue, chills, fear of impending doom

**If a food allergen has been ingested, but *no* symptoms:
If a reaction is progressing (several of the above areas affected):**

Give medication checked "X"

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

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

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

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.
See back/attached for auto-injection technique.

Parent/Guardian signature: _____ **Date:** _____

Phone number: _____

Physician signature: _____ **Date:** _____

Phone number: _____