**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: ___________________________  D.O.B.: ___________________________

Allergy to: ___________________________

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

**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _______________________________________________________

**THEREFORE:**

[  ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[  ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

### FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS

<table>
<thead>
<tr>
<th>LUNG</th>
<th>Heart</th>
<th>Throat</th>
<th>Mouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short of breath, wheezing, repetitive cough</td>
<td>Pale, blue, faint, weak pulse, dizzy</td>
<td>Tight, hoarse, trouble breathing/swallowing</td>
<td>Significant swelling of the tongue and/or lips</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>GUT</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many hives over body, widespread redness</td>
<td>Repetitive vomiting, severe diarrhea</td>
<td>Feeling something bad is about to happen, anxiety, confusion</td>
</tr>
</tbody>
</table>

**OR A COMBINATION of symptoms from different body areas.**

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
   - Consider giving additional medications following epinephrine:
     - Antihistamine
     - Inhaler (bronchodilator) if wheezing
   - Lay the person flat, raise legs and keep warm. 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 them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

### MILD SYMPTOMS

- **NOSE**
  - Itchy/runny nose, sneezing

- **MOUTH**
  - Itchy mouth

- **SKIN**
  - A few hives, mild itch

- **GUT**
  - Mild nausea/discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

<table>
<thead>
<tr>
<th>Epinephrine Brand: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine Dose:   [  ] 0.15 mg IM    [  ] 0.3 mg IM</td>
</tr>
<tr>
<td>Antihistamine Brand or Generic: ___________________________</td>
</tr>
<tr>
<td>Antihistamine Dose: ___________________________</td>
</tr>
<tr>
<td>Other (e.g., inhaler-bronchodilator if wheezing): ___________________________</td>
</tr>
</tbody>
</table>

**FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 4/2014**
**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.

**ADRENACLICK®/ADRENACLICK® 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 someone before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

**EMERGENCY CONTACTS — CALL 911**

<table>
<thead>
<tr>
<th>RESCUE SQUAD:</th>
<th>DOCTOR:</th>
<th>PHONE:</th>
</tr>
</thead>
</table>

| PARENT/GUARDIAN: | PHONE: |

| NAME/RELATIONSHIP: | PHONE: |

**OTHER EMERGENCY CONTACTS**

| NAME/RELATIONSHIP: | PHONE: |

| NAME/RELATIONSHIP: | PHONE: |

---

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG)  4/2014