



## National Jewish Health Food Allergy Action Plan

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Care Giver \_\_\_\_\_

Allergy to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place  
Picture  
Here

YES     NO    This child has had a previous life-threatening reaction to a food. If the child is known to have eaten some of this food (regardless of the presence of symptoms), give epinephrine & call 911 to take the child to the emergency room. Then give the antihistamine listed below.

YES     NO    This child has asthma. If the child is known to have eaten some of this food, and has any symptoms of asthma (coughing, wheezing or shortness of breath), give epinephrine & call 911 to take the child to the emergency room. Then give the asthma rescue medication and antihistamine listed below.

### Medication Dosages:

Epinephrine: inject intramuscularly in outer thigh (circle one)                      (see attached instructions)

EpiPen®                      EpiPen® Jr.                      Twinject™ 0.3mg                      Twinject™ 0.15mg

Antihistamine \_\_\_\_\_

\_\_\_\_\_

Asthma Rescue Medication (if asthmatic) \_\_\_\_\_

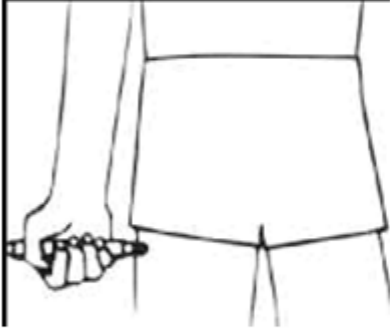
\_\_\_\_\_

## EpiPen® and EpiPen® Jr. Directions

Pull off gray activation cap:



Hold black tip near outer thigh:

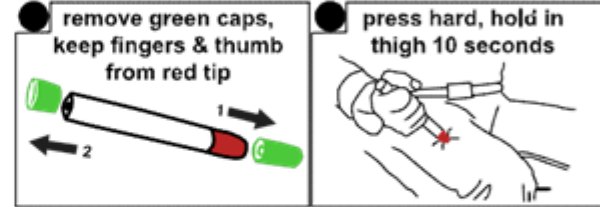


Jab outer thigh firmly until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

## Twinject™0.3mg and Twinject™0.15mg Directions



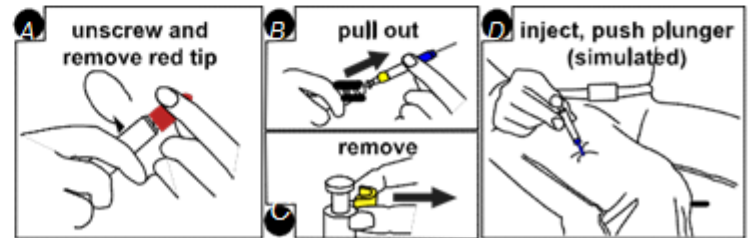
### First Dose Administration:



**CALL  
911**

### Second Dose Administration:

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



Other \_\_\_\_\_

## Step 1: Treatment

### Symptoms:

- Mouth- itching, tingling, or mild swelling of lips, tongue, mouth
  - \*Severe swelling of lips, tongue, mouth
- Skin- flushing, hives, itchy rash
  - \*Widespread hives or swelling of the face, arms, legs, hands or feet
- Gut- nausea, abdominal pain or cramping, vomiting, or diarrhea
  - \* Vomiting more than once; severe abdominal pain
- Throat- mild tightening of throat
  - \*Hoarseness, croupy or hacking cough, difficulty breathing in air or difficulty talking
- \*Lungs- shortness of breath, repetitive coughing, or wheezing
- \*Heart- low blood pressure, dizziness, fainting, pale, or blue hue to skin

### Give Checked Medication(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Epinephrine            | <input checked="" type="checkbox"/> Antihistamine   |
| <input checked="" type="checkbox"/> Epinephrine | <input checked="" type="checkbox"/> Antihistamine   |
| <input type="checkbox"/> Epinephrine            | <input checked="" type="checkbox"/> Antihistamine   |
| <input checked="" type="checkbox"/> Epinephrine | <input checked="" type="checkbox"/> Antihistamine   |
| <input type="checkbox"/> Epinephrine            | <input checked="" type="checkbox"/> Antihistamine   |
| <input checked="" type="checkbox"/> Epinephrine | <input checked="" type="checkbox"/> Antihistamine   |
| <input type="checkbox"/> Epinephrine            | <input checked="" type="checkbox"/> Antihistamine   |
| <input checked="" type="checkbox"/> Epinephrine | <input checked="" type="checkbox"/> Antihistamine   |
| <input checked="" type="checkbox"/> Epinephrine | <input checked="" type="checkbox"/> Asthma rescue medication specified below (if asthmatic) |
| <input checked="" type="checkbox"/> Epinephrine | <input checked="" type="checkbox"/> Antihistamine   |

- \*If reaction is worsening (several of the above areas affected)    ✓ Epinephrine    ✓ Antihistamine

**\*Potentially life-threatening: give epinephrine first, then give antihistamine!**

**\*If you think your child is having a severe reaction and needs epinephrine, give it. Do not wait to talk to a physician.**

**\*NOTE: The severity of the symptoms can quickly change.**

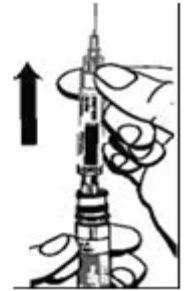
**Step 2: Emergency Calls**

1. **Call 911 (or rescue squad : \_\_\_\_\_).** State that an allergic reaction has been treated and additional epinephrine, oxygen or other medications may be needed. The patient should be observed in the ER for several hours due to the possibility of a delayed reaction. If the patient needed epinephrine, a dose of oral or IV corticosteroids should be given to help prevent the delayed reaction.



2. **Dr. \_\_\_\_\_ at \_\_\_\_\_.**

3. **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 CALL 911 TO TAKE THE CHILD TO A MEDICAL FACILITY!**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Trained Staff Members**

1. \_\_\_\_\_ Room \_\_\_\_\_

2. \_\_\_\_\_ Room \_\_\_\_\_

**Once EpiPen® or Twinject™ is used, call 9-1-1. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency room for several hours.**