



**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

PLACE  
PICTURE  
HERE

**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**



**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, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

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**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

# ST. LUKE'S SCHOOL ALLERGY INDIVIDUAL HEALTH CARE PLAN (IHCP)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergy to: \_\_\_\_\_

Level of Allergy: (Circle) Inhalation Tactile Ingestion Unknown Age of Onset: \_\_\_\_\_

Describe symptom(s) of allergic reaction(s): \_\_\_\_\_

History of Anaphylaxis: (Circle one) Yes No Treatment: EpiPen Benadryl Other: (please specify) \_\_\_\_\_

Other health conditions/medications (e.g., Asthma): \_\_\_\_\_

Location of Epinephrine at school: Health Office (unlocked cabinet during regular school hours) \_\_\_\_\_

**Preventive Measures**

- Parent/guardian will inform bus company personnel of their child's allergy medication requirements, & emergency contact information. Parent/Guardian Initials \_\_\_\_\_
- **Medications that are kept in the nurse's office are available during school hours only.** For any before and after school activities (\*Including C.A.M.P.\*), it is the parent/guardian responsibility to inform activity coordinator of their child's allergy, treatments & provide emergency medications.  
Parent/Guardian Initials \_\_\_\_\_
- School personnel who may be involved in the care of a student who has been diagnosed with an allergy, will be informed of the EHCP and IHCP.
- The student will be accompanied to the health office in the event of an allergic reaction.
- Trained school personnel will carry the prescribed emergency medication(s), and a copy of the EHCP on the field trip and accompany student at all times if the parent is not present. NOTE: Student may self-carry with doctor orders.
- Other Provisions required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS (please print) Treat student before calling Emergency Contacts. - CALL 911**

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other: Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Parent/Guardian Authorization Signature Date

\_\_\_\_\_  
Certified School Nurse Teacher Authorization Signature Date