

**FARE**

Food Allergy Research &amp; Education

**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 allergens:** \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**

**LUNG**

Shortness of breath, wheezing, repetitive cough

**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness

**THROAT**

Tight or hoarse throat, trouble breathing or swallowing

**MOUTH**

Significant swelling of the tongue 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.



- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders 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 patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS****NOSE**

Itchy or runny nose, sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives, mild itch

**GUT**

Mild nausea or discomfort

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

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

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

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

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

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

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

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**St. Michael Food Allergy & Anaphylaxis Emergency Care Plan**

**Student Name:** \_\_\_\_\_

**Please mark your plan for typical school situations through the year.**

**Please inform the following about my child's allergy:**

- All School Staff- even if they don't work with my child on a typical day
- Only School Staff who work with my child (may include: school nurse, teachers, tutors, lunch service, substitutes and administrative office personnel)
- School Volunteers who work in the Cafeteria
- Extended Day Staff
- Athletic Director and Coaches for CYO sports

**Child keeps epi-pen:**

- On self (with physician & parent approval only)
- In classroom (Preschool and KR students)
- In nurse's office (K-8 students)
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Birthday Treats/Special Treats:**

- Always have own treat provided by parents
- Always call/email parent day of treat to ask
- Can only have if treat is store bought, packaged & label provided
- Can have homemade treats if believed to be nut free (label may not be readily available to school staff)
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cafeteria:**

- Sit at a peanut restricted free table with grade level peers
- Sit at end of a grade level table/peer lunches are not a concern
- Sit anywhere at a grade level table
- Provide table covering to prevent cross contamination (parent provided)
- Student must have table area sprayed right before sitting to eat
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mass:**

- May receive host only (if Catholic and made sacrament)
- May receive host & wine (if Catholic and made sacrament)
- Should not receive either host or wine
- Can give Sign of Peace/hold hands for Our Father
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_