

FOOD ALLERGY TREATMENT PLAN

ALLERGY TO: _____

STUDENT'S NAME _____ **D.O.B.** _____

ASTHMATIC * YES ____ NO ____ *High risk for severe reaction

SIGNS OF ALLERGIC REACTION

Systems: **Symptoms:**

Mouth	itching & swelling of the lips, tongue or mouth
Throat*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash, and/or swelling about face or extremities
Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
Lung*	shortness of breath, repetitive coughing, and/or wheezing
Heart*	"thready" pulse, "passing out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____,
give _____

Then call:

2. Mother _____, Father _____, or emergency contact.
3. Doctor _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

1. If ingestion is suspected and/or symptom(s) are: _____,

Give _____ **IMMEDIATELY!**
MEDICATION/DOSE/ROUTE

THEN CALL:

2. Rescue Squad(ask for advanced life support)
3. Parents : see above
4. Doctor: see above

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Doctor's Signature _____

ANAPHYLAXIS INDIVIDUAL EMERGENCY CARE PLAN

Student's Name _____ DOB: _____ Teacher: _____

ALLERGY TO: _____ Asthmatic: Yes ___ No ___

Parent/Guardian Telephone Numbers:

Name/Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

TO BE COMPLETED BY PHYSICIAN'S OFFICE

This reaction could ___ could not ___ be described as anaphylactic. Presenting symptoms include:

Please check off the appropriate symptoms

- ☐ Skin: "hives" (red blotches or welts which itch): severe swelling
- ☐ Eyes: tearing, redness, itching
- ☐ Lungs: shortness of breath, rapid breathing, cough, wheeze
- ☐ Gut: repeated vomiting, nausea, abdominal pain (diarrhea later)
- ☐ Brain: anxiety, agitation, or loss of consciousness
- ☐ Throat: tightness, trouble speaking, and trouble breathing
- ☐ Nose: running, itching, congested
- ☐ Mouth: itching, swelling of lips, tongue or mouth
- ☐ Heart/Circulation: weak pulse, loss of consciousness

In the event of an allergic reaction, the school nurse should proceed as follows:

1. If the child develops only hives (only skin problems) give antihistamine.
 - a. Dose: Benadryl ___mg by mouth
Oral antihistamine must be given only by nurse or parent.
 - b. **Observe closely for additional symptoms for the next six hours; notify parent/guardian**
2. If the child develops any of signs of severe reactions of anaphylaxis, **immediately**
 - a. Inject Epinephrine IM: Dose __ 15mg __ 30mg
 - b. This dose of IM Epinephrine may be repeated in 15 minutes if symptoms reoccur.
 - c. Give the above dose of Benadryl by mouth
 - d. Notify parent/guardian, and call 911
3. If wheezing occurs, treat with: _____

In the event of an allergic reaction when the school nurse is unavailable (field trip, after school activity, or athletics): This order is in effect for the current school year only!

_____ **Able to self medicate**

I give my permission for this child to self medicate when the school nurse is not available. This student is allowed to administer a pre-measured dose of an antihistamine simultaneously with the Epi-pen only for anaphylaxis. The child has been educated on symptoms of anaphylaxis and instructed in the proper method of self-administration of epinephrine.

_____ **Unable to self medicate**

This child is not able to self medicate at this time. In the event of an anaphylactic reaction when the nurse is not available, I give my permission for a trained delegate to administer a single dose of an Epi-pen, and call 911.
I understand that the delegate is not permitted by NJ State law to give benadryl.

Physician's Signature

Date

Parent Signature

Date

Physician's Stamp here

School Nurse Signature

Date