

**Location: HWY 55**  
 3100 NC HWY 55 Ste# 202  
 Cary, NC 27519  
 Phone: (919) 367-9833  
 Fax: (919) 367-9832

**Location: Carpenter Fire Station**  
 7560 Carpenter Fire station Rd Ste#201  
 Cary, NC 27519  
 Phone: (919) 367-9834  
 Fax: (919) 367-9832

**Food Allergy Action Plan**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher \_\_\_\_\_

Allergic To: \_\_\_\_\_

Is the child Asthmatic?  YES\*  NO \* High risk for severe reaction

**STEP 1: TREATMENT**

Symptoms	Give Checked Medication(s) (To be determined by Physician authorizing treatment)	
• If a food allergen has been ingested, but no symptoms	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine
• <b>Mouth</b> Itching, tingling or swelling of lips, tongue, mouth	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine
• <b>Throat*</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine
• <b>Gut</b> Nausea, vomiting, diarrhea, abdominal cramps	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine
• <b>Lungs*</b> Coughing, wheezing, shortness of breath	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine
• <b>Heart*</b> Blue, pale, Dizzy, fainting, low BP, weak or thread pulse	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine
• <b>Skin</b> Hives, itchy rash, redness, swelling of face or extremities	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine
• If reaction is progressing, several of the above areas affected	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Epinephrine

- Potentially life-threatening. The severity of symptoms can quickly change.

Medication Dosage:

**Antihistamine:** Give \_\_\_\_\_ By \_\_\_\_\_  
(Medicine name, dose, route)

**Epinephrine:** Inject intramuscularly (circle one below)

**Epipen Jr   Epipen   Twinject 0.15mg   Twinject 0.3mg   Adrenaclick 0.15mg   Adrenaclick 0.3mg**

Other: Give \_\_\_\_\_ By \_\_\_\_\_

**Note: Asthma inhalers and/or antihistamines cannot be depended on to replace Epinephrine in Anaphylaxis**

**STEP 2: EMERGENCY CALLS**

**Call 911**, state that an allergic reaction has been treated and additional Epinephrine may be needed.

Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DO NOT HESITATE TO MEDICATE OR TAKE THE CHILS TO MEDICAL FACILITY EVEN IF PARENT OR GUARDIAN CANNOT BE REACHED.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_