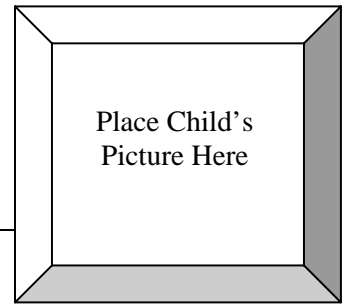


Ankeny Christian Academy

Food Allergy Care Plan



Name: _____ D.O.B. _____

Teacher: _____

ALLERGY TO: _____

Asthmatic? Yes* (Higher risk for severe reaction) No

Step 1: Treatment

Symptoms Give Checked Medication**To be determined by physician's order

| | | | |
|--|--------------------------------------|--|----------------------------------|
| If a food allergen has been ingested, but NO SYMPTOMS | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Observe |
| Mouth: itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |
| Skin: hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |
| Gut: nausea, abdominal cramps vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |
| Throat: † tightening of throat, hoarseness hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |
| Lung: † shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |
| Heart: † weak or thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |
| Other: † | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |
| If reaction is progressing (several of the above areas affected), give: | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine | |

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

DOSAGE

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr.

Antihistamine: Give _____
Medication Amount Route

Other: Give _____
Medication Amount Route

STEP #2 : EMERGENCY CALLS

Even if the parent/guardian can not be reached, do not hesitate to medicate.

1. CALL 911
2. PARENT Telephone: _____
3. PARENT Telephone: _____
4. DOCTOR Telephone: _____

Emergency Contacts

- 5.) Telephone: _____
- 6.) Telephone: _____

Parent/Legal Guardian Signature: _____ Date: _____


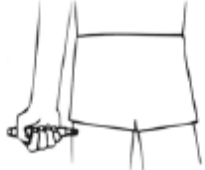



Doctor's Signature: _____ Date: _____
(REQUIRED)

Ankeny Christian Academy

| Trained Staff Members | Position |
|-----------------------|----------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

STEPS TO BE EXECUTED UPON EXPOSURE:

- 1) Contact school office – x100 or x111 - directing them to bring EpiPen or medication to child's location
- 2) Another office personnel will contact emergency personnel as listed on opposite side of plan.
- 3) Office personnel will contact Mrs. Hansen

| | |
|---|---|
| <p>EpiPen® and EpiPen® Jr. Directions</p> <ul style="list-style-type: none"> ▪ Pull off gray activation cap.  <ul style="list-style-type: none"> ▪ Hold black tip near outer thigh (always apply to thigh).  <ul style="list-style-type: none"> ▪ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. | <p>Twinject® 0.3 mg and Twinject® 0.15 mg Directions</p>  <ul style="list-style-type: none"> ▪ Remove caps labeled “1” and “2.” ▪ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove. <p><u>SECOND DOSE ADMINISTRATION:</u> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> ▪ Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base. ▪ Slide yellow collar off plunger. ▪ Put needle into thigh through skin, push plunger down all the way, and remove.   |
|---|---|

Once EpiPen or Twinject is used, call the rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

