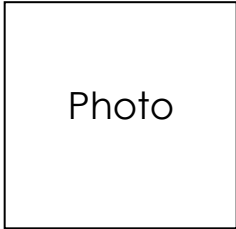


# CATOOSA COUNTY PUBLIC SCHOOLS FOOD ALLERGY ACTION PLAN



School: \_\_\_\_\_ School Year: \_\_\_\_\_ Date: \_\_\_\_\_

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

Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for severe reaction)  No

**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.

**Any SEVERE SYMPTOMS after suspected or known ingestion:**

**One or more** of the following:  
LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue and/or lips)  
SKIN: Many hives over body

**Or combination of symptoms** from different body areas:  
SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
GUT: Vomiting, Diarrhea, crampy Pain



**1 INJECT EPINEPHRINE IMMEDIATELY**  
2 Call 911  
3 Begin Monitoring (See box below)  
4 Give additional medications: \*  
-Antihistamine  
-Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).  
USE EPINEPHRINE.

**MILD SYMPTOMS ONLY:**

Mouth: Itchy mouth  
Skin: A few hives around mouth/face, mild itch  
Gut: Mild nausea/discomfort



**1. GIVE ANTIHISTAMINE**  
2. Stay with student; alert healthcare professionals and parent  
3. If symptoms progress (see above), USE EPINEPHRINE  
4. Begin monitoring (see box below)

## Medications/Doses

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

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

**Monitoring**

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

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

**FOR EMERGENCY MEDICATION:** (Epinephrine)

\_\_\_\_\_ I have instructed \_\_\_\_\_ in the proper way to use his/her medication. It is my professional opinion that \_\_\_\_\_ should be allowed to carry and use the medication by him/herself.

\_\_\_\_\_ It is my professional opinion that \_\_\_\_\_ should NOT carry his/her medication by him/herself.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physicians Address/Phone/Fax**

**COMPLETED BY PARENT/GUARDIAN:**

Parent/Guardian: \_\_\_\_\_

#1 Phone: \_\_\_\_\_ #2 Phone: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that it is my responsibility as the parent/guardian of \_\_\_\_\_ to notify the school nurse/designee of any changes in my child's health condition and/or medication/treatment regimen. I authorize my child's physician and his/her staff to release information regarding my child's health condition. I understand that this health information will **ONLY** be shared with pertinent school staff.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date