

# ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's  
Photograph

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthma:  Yes (higher risk for a severe reaction)  No

Weight: \_\_\_\_\_ lbs

### ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

- 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)
- SKIN: Many hives over body

Or Combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling
- GUT: Vomiting, crampy pain

### INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
- Antihistamine
- Inhaler (bronchodilator) if asthma

\*Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.\*

\*\*When in doubt, use epinephrine. Symptoms can rapidly become more severe.\*\*

### MILD SYMPTOMS ONLY

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

### GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.

**IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE**

- If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
- If checked, give epinephrine before symptoms if the allergen was definitely eaten.

### MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): \_\_\_\_\_

ANTIHISTAMINE (BRAND AND DOSE): \_\_\_\_\_

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

**MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.**

- Student may self-carry epinephrine
- Student may self-administer epinephrine

CONTACTS: Call 911 Rescue squad: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Licensed Healthcare Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Government and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to First Student Bus Services (district contracted bus service provider), Aramark (district contracted food service provider), chaperones, and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment for my child and for the implementation of this plan.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DOCUMENTATION

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
  - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
  - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
  - Specify any changes to prevent another reaction.

## TRAINED STAFF MEMBERS

Name: \_\_\_\_\_

Room: \_\_\_\_\_

Name: \_\_\_\_\_

Room: \_\_\_\_\_

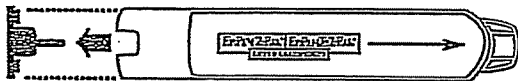
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Room: \_\_\_\_\_

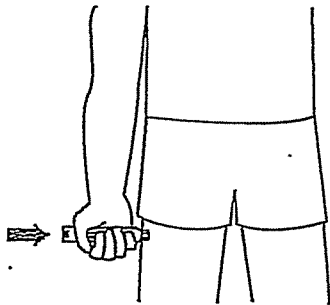
## EPI-PEN DIRECTIONS

### EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



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## CALL 911

### Notes:

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**Give the used Epi-pen to Emergency Medical Services.**

**Contact the District Nurse if you have Questions or concerns at Ph # 384-3564**