

University of Nebraska-Lincoln Children's Center

Food Allergy Action Plan

Place Child's
Picture Here

Student's Name: _____ D.O.B _____ Teacher _____

Allergy To: _____

Asthmatic Yes* No *Higher risk for severe reaction

Step 1: Treatment

Symptoms:

Give Checked Medication**:

** (To be determined by physician authorizing treatment)

<u>If a food allergen has been ingested, but no symptoms:</u>	<u>Epinephrine</u>	<u>Antihistamine</u>
<u>Mouth: Itching, tingling, or swelling of lips, tongue, mouth</u>	<u>Epinephrine</u>	<u>Antihistamine</u>
<u>Skin: Hives, itchy rash, swelling of the face or extremities</u>	<u>Epinephrine</u>	<u>Antihistamine</u>
<u>*Throat: Tightening of throat, hoarseness, hacking cough</u>	<u>Epinephrine</u>	<u>Antihistamine</u>
<u>*Lung: Shortness of breath, repetitive coughing, wheezing</u>	<u>Epinephrine</u>	<u>Antihistamine</u>
<u>*Heart: weak or theready puls, low blood pressure, fainting, pale, blueness</u>	<u>Epenephrine</u>	<u>Antihistamine</u>

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

Dosage



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