FOOD ALLERGY ACTION PLAN

PATIENT: ______________________ DATE: ____________

PRIMARY FOOD ALLERGIES: ______________________

EMERGENCY CONTACT:

STEP 1: TREATMENT:

SYMPTOMS:	Give checked medication	
* If a food allergen has been accidentally ingested	☐ Epinephrine	☐ Antihistamine
* Itching of skin or hives	☐ Epinephrine	☐ Antihistamine
* Itching, tingling or swelling of the lips, tongue and mouth	☐ Epinephrine	☐ Antihistamine
* Swelling of the face, lips, tongue or any other parts of the body	☐ Epinephrine	☐ Antihistamine
* Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
* Throat tightness, hoarseness, difficulty speaking	☐ Epinephrine **DIAL 911**	☐ Antihistamine
* Shortness of breath, coughing and wheezing	☐ Epinephrine **DIAL 911**	☐ Antihistamine
* Thready pulse, low blood pressure, appears pale or blue	☐ Epinephrine **DIAL 911**	☐ Antihistamine

ADRENALINE: Inject intramuscularly

☐ **Epi-Pen** ☐ **Epi-Pen Jr.** ☐ **Twin-Ject**

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