KENNEDALE ISD
Committed to Excellence

Food Allergy Action Plan

Name: _____ D.O.B. _____Grade _____

Weight: _____ lbs Asthma: ☐ Yes (higher risk for a 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, lids, lips)
GUT: Vomiting, 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
Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____
Antihistamine (brand and dose): _____
Other (e.g. inhaler-bronchodilator if asthmatic): _____

Physician's Name	**Physician's Phone**	**Physician Signature (Required)**	**Date**

I understand that it is my responsibility to renew this form every school year and anytime my child's medical needs change.

_____ _____ _____

Parent's Signature Parent's Phone Date

MONITORING

Stay with student; alert healthcare professionals and parent. Tell rescue squad that epinephrine was given; request an ambulance with epinephrine. Note time 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. See back/attached for auto-injection technique.

TRAINED STAFF MEMBERS IN THE ADMINISTRATION OF EPINEPHRINE

1. _____ROOM _____ 2. _____ROOM_____

The completed form may be faxed to the School Nurse at the student's school.

SCHOOLS	**PHONE**	**FAX**
KHS	817-563-8100	817-563-3718
KJHS	817-563-8200	817-483-3655
JFD	817-563-8400	817-483-3653
RFP	817-563-8600	817-483-3638

A NEW FORM IS REQUIRED EVERY SCHOOL YEAR

09/28/2022