

# BLUE FISH

P E D I A T R I C S

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## Allergy Action Plan Emergency Care Plan

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

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

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, 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:**

EpiPen/AuviQ 0.3 mg IM  
Or  
EpiPen Jr./AuviQ 0.15 mg IM

**Antihistamine:**

See weight chart on back

**Other (e.g. inhaler-bronchodilator if asthmatic):**

Albuterol or Xopenex  
4-8 puffs or 1-2 nebulizer treatments PRN

**Monitoring**

**Stay with student; alert healthcare professionals and parents.** 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 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.

**Travel**

Please allow family to travel with above medications and to utilize them in the event of a food reaction.

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

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

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A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e. field trip).

### Contacts

Call 911 (Rescue Squad ( ) - )

Doctor: Blue Fish Pediatrics

Phone: (713) 467 - 1741

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

Phone: ( ) - \_\_\_\_\_

Other Emergency Contacts:

Name/Relationship: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

## Antihistamine Dosing Chart

Children's Loratadine/Cetirizine (Claritin/Zyrtec) Dosing	
Age	Dose – Liquid (5mg/5mL)
1 – 2 years	2.5 mL daily, do not take more than 5mL in 24 hours
2 – 6 years	2.5 - 5 mL daily, do not take more than 5mL in 24 hours
6+ years	5 - 10 mL daily, do not take more than 10mL in 24 hours

Children's Fexofenadine (Allegra) Dosing	
Age	Dose - (30 mg/5 mL)
6 months – 2 yrs	2.5 mL twice daily, do not take more than 5 mL in 24 hours
2 – under 11 yrs	5 mL twice daily, do not take more than 10 mL in 24 hours
12 yrs and older	10 mL twice daily, do not take more than 20 mL in 24 hours

Children's Diphenhydramine HCL (Benadryl) Allergy Dosing (1+ Years Old)			
Weight (pounds)	Dose – Liquid (12.5 mg/5mL)	Dose – Chewable (12.5 mg)	Dose – Capsule (25 mg)
20 – 24 lbs.	3.75 mL every 6 hrs, no more than 15 ml in 24 hrs	N/A	N/A
25 – 37 lbs.	5 mL every 6 hrs, no more than 20 ml in 24 hrs	1 tablet every 6 hrs, no more than 4 tablets in 24 hrs	N/A
38 – 49 lbs.	7.5 mL every 6 hrs, no more than 30 ml in 24 hrs	1½ tablets every 6 hrs, no more than 6 tablets in 24 hrs	N/A
50 – 99 lbs.	10 mL every 6 hrs, no more than 40 ml in 24 hrs	2 tablets every 6 hrs, no more than 8 tablets in 24 hrs	1 capsule every 6 hrs, no more than 4 caps in 24 hrs