

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/Levocetirizine (Claritin/Zyrtec/Xyzal) Dosing	
Age	Dose: Liquid (5mg/5mL)
6 months – 12 months	1.25 mL once or twice daily, do not take more than 2.5 mL in 24 hours
1-2 years	2.5 mL once or twice daily, do not take more than 5 mL in 24 hours
2 – 6 years	5 mL once or twice daily, do not take more than 10 mL in 24 hours
6+ years	5 - 10 mL once or twice daily, do not take more than 20 mL in 24 hours

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

***USE OF DIPHENHYDRAMINE (BENADRYL) IS GENERALLY DISCOURAGED, unless otherwise directed by a physician.** Newer allergy medications such as Cetirizine (Zyrtec), Loratadine (Claritin), and Fexofenadine (Allegra) are just as effective, work just as quickly, last longer with less frequent dosing, and are safer with far fewer side effects.