

FOOD ALLERGY EMERGENCY HOME PLAN
Associated Allergists and Asthma Specialists

NAME: _____ DOB: _____ DATE: _____

FOOD ALLERGY: _____

EMERGENCY MEDICATIONS:

Epinephrine Auto-Injector: _____ Dose: _____

Antihistamine: _____ Dose: _____

Inhaler* (if asthmatic): _____ Dose: _____

***Give epinephrine first** for asthma symptoms due to accidental ingestions.

LOCATION of Emergency Medications: _____

TIPS FOR PREVENTION AND PREPAREDNESS:

*Food allergies can be **life threatening!** Make sure to:

1. Have a **FOOD ALLERGY ACTION PLAN** in place.
2. Read food labels and **AVOID** food allergens.
3. Make food at home or purchase foods that are clearly labeled “Does not contain...” the particular food allergen. Do not eat foods that are labeled “Made in facility with...” the food allergen.
4. Be aware of the possibility of cross contamination when eating foods prepared in restaurants.
5. Coordinate monthly emergency practice drills.
6. Always know the location of emergency medications.
7. Always have a set of **two (2) EPINEPHRINE** auto-injectors **AND** an **ANTIHISTAMINE** (such as Benadryl) available for accidental ingestions.
8. If in doubt whether to give or not - **GIVE EPINEPHRINE!**

WHAT TO DO FOR ACCIDENTAL INGESTION OF A FOOD ALLERGEN:

- For **MILD reactions** (symptoms such as mild hives, itchy rash, runny nose and mild to moderate allergic symptoms **GIVE BENADRYL**).
- For **SEVERE REACTIONS** (symptoms such as many hives over body, swelling of face, throat or mouth, cough, shortness of breath or difficulty breathing) **GIVE EPINEPHRINE and ANTIHISTAMINE. CALL 911 or go to ER/hospital.**
- May give **ALBUTEROL AFTER EPINEPHRINE** for respiratory symptoms.

__ I have been trained in the administration of epinephrine and understand the emergency action plan explained to me.

Parent Signature: _____ Date: _____

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____