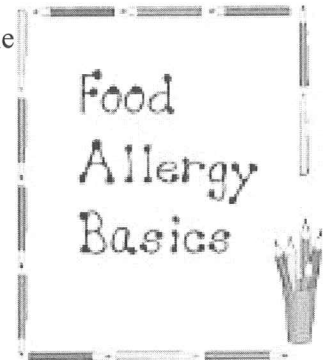


Over six million Americans have food allergies; many of them are children. The most common allergy-causing foods are peanuts, tree nuts (walnuts, pecans), milk, eggs, fish, shellfish, wheat, and soy. A recent study showed that over 3 million Americans are allergic to peanuts and tree nuts.

A lot of kids have questions about food allergies. Here are some of the things they are asking:



What is a food allergy?

Food allergies occur when the body thinks a food is harmful. The immune system tries to fight it off by releasing massive amounts of chemicals and histamine (HISS-TUH-MEEN). These chemicals trigger the allergic symptoms. So, you can say allergic reactions are caused by an overactive immune system.

What are some of the symptoms of food allergy?

The most common symptom of a food-allergy reaction is hives. Other symptoms can include one or more of the following:

- tingling in the mouth
- swelling in the tongue and throat
- difficulty breathing
- abdominal cramps
- vomiting
- diarrhea
- eczema

Anaphylaxis is a sudden, severe allergic reaction that involves several of the symptoms listed above, as well as difficulty breathing, drop in blood pressure, and loss of consciousness. In rare cases, it can cause death in a matter of minutes.

How can I treat these symptoms?

Your doctor will tell you what kind of medicine you need to take. Many prescribe an antihistamine, such as Benadryl®. If your reaction is severe, your doctor may prescribe epinephrine. It is available as an auto-injector.

Is there a cure for it?

Currently, there is no cure for food allergies; however, the research being conducted looks promising!

How can I prevent a reaction from happening?

Strictly avoiding the food that triggers your allergy is the only way to prevent a reaction.

Food Allergy Action Plan

Student's Name: _____ D.O.B.: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

Give Checked Medication**:

(To be determined by physician authorizing treatment)

- | | | |
|--|--------------------------------------|--|
| ▪ If a food allergen has been ingested, but <i>no symptoms</i> : | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Throat† Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Lung† Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Heart† Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ Other† _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ▪ If reaction is progressing (several of the above areas affected), give | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____
c. _____	1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)