



FARE.
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN



Name: _____ DOB: _____

Allergic to: _____ Weight: _____

Asthma: ☐ Yes (higher risk for severe reaction) ☐ No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

For **ANY** of the following **SEVERE SYMPTOMS:**



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Shortness of breath, wheezing, repetitive cough

OR A COMBINATION
Of symptoms from different body areas



INJECT EPINEPHRINE IMMEDIATELY.

Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

Consider giving additional medications following epinephrine:

- ❖ Antihistamine
- ❖ Inhaler (bronchodilator) if wheezing

Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose. Alert emergency contacts.

Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS:



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.

For **MILD SYMPTOMS FROM A SINGLE BODY SYSTEM** (e.g., Skin, GI, etc.), follow the directions below:

1. **Antihistamines may be given**, if ordered by a healthcare provider.
2. **Stay with the person**; alert emergency contacts.
3. **Watch closely for changes.** If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1mg IM ☐ 0.15mg IM ☐ 0.3mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

HEALTH CARE PROVIDER SIGNATURE DATE

HEALTH CARE
PROVIDER STAMP

I hereby request and authorize appropriate Tree House employees to administer prescribed medication as directed by the undersigned licensed healthcare provider. I grant permission for Tree House employees to exchange information with my child's healthcare provider as deemed necessary.

PARENT/GUARDIAN SIGNATURE

DATE

TREE HOUSE STAFF SIGNATURE

DATE