Name: ___________________________ D.O.B.: ___________________________

Allergy to: ___________________________

Weight: ______ lbs. Asthma: [ ] Yes (higher risk for a 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
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. INJECT EPINEPHRINE IMMEDIATELY.
2. 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 SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, 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: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: ___________________________

Antihistamine Dose: ___________________________

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

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE ___________________________ DATE ____________

PHYSICIAN/HCP AUTHORIZATION SIGNATURE ___________________________ DATE ____________

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO
1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.

HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN
1. Remove the EpiPen® or EpiPen Jr® Auto- Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it ‘clicks’.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN
1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it ‘clicks’.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES
1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:
1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911
RESCUE SQUAD: ________________________________
DOCTOR: ________________________________ PHONE: ________________________________
PARENT/GUARDIAN: ________________________________ PHONE: ________________________________

OTHER EMERGENCY CONTACTS
NAME/RELATIONSHIP: ________________________________ PHONE: ________________________________
NAME/RELATIONSHIP: ________________________________ PHONE: ________________________________
NAME/RELATIONSHIP: ________________________________ PHONE: ________________________________

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017
Food Allergy Checklist

Fordham University has resources available to help students with food allergies transition safely to campus living and dining. Please review this checklist carefully.

Private Allergist or Physician:

- Complete the student’s Food Allergy Action Plan (FARE).
- Educate the student on allergen avoidance, identification of allergic reactions, self-management of allergic reactions to food, carrying their Epinephrine Auto-Injector at all times, and wearing medical alert bracelet.

Student:

- Submit the highly recommended Incoming Student Physical Form.
- Submit the Food Allergy Action Plan (FARE).
- Submit the Release of Health Information Form. This will give permission for University Health Services (UHS) to obtain and release health related information to University Dining Services, Office of Public Safety, Fordham University EMS, Residential Life and Disability Services.
- Arrange a phone or in-person consultation with UHS provider to discuss campus resources for students with food allergies and campus emergency procedures.
- Arrange an appointment with Dining Services Dietician to tour the dining facilities. Ask about healthy allergen free stations.

Important Tips:

- Make sure you wear your medical alert bracelet at all times.
- Carry your Epinephrine Auto-Injector at all times.
- Learn how to avoid allergens while on campus.
- Know how to contact Emergency Medical Services on campus.
- Discuss your food allergies with your roommates and friends.
- Discuss your food allergies with your Resident Advisor.
- Athletes should discuss food allergies with your trainers and coaches.

Contact Information:

University Health Services: RH 718-817-4160; LC 212-636-7160

Public Safety: RH 718-817-2222; LC 212-636-6075

Dining Facilities: Registered Dietician- Melanie Simeone: simeone-melanie@aramark.com
         University Dining Contract Liaison- Deming Yaun: dyaun@fordham.edu

Residential Life: RH 718-817-3080; LC 212-636-7100

Disability Services: RH 718-817-0655; LC 2123-636-6282
Fordham University Health Services

Release of Health Information for Food Allergy Support Team

I, ___________________________, give my permission to the Fordham University Health Services to obtain and release health-related information to the University Dining Services, Office of Public Safety, Fordham University EMS, Office of Disability Services, Athletic Department, and the following resources. Health-related information may include medical history, evaluations, and treatment records as it pertains to your allergy history. The purpose of this Release of Health Information is to facilitate on-campus food allergen avoidance and emergency care of allergic reactions to food.

Private Physician: ___________________________
Address: __________________________________
Phone: ____________________________________

Private Allergist: __________________________
Address: __________________________________
Phone: ____________________________________

Parent(s):_____________________________
Address: ________________________________
Phone: _________________________________

Student’s signature: ______________________
Fordham ID#: ____________________________
Date: ________________

UHS Staff signature: ______________________
Date: ________________