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The FPIES Foundation

www.thefpiesfoundation.org
contact@thefpiesfoundation.org



FPIES Emergency Action Plan

Child's name: _____ "Nickname": _____ DOB: ____/____/____

Primary language spoken: _____ Address: _____

Guardian: _____ Phone: _____ Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Alt. Phone: _____

Physician: _____ Phone: _____ Office /hospital _____

Physician: _____ Phone: _____ Office /hospital _____

Instructions when contacting physician: _____

Primary Physician's Requests: _____

_____ Signed: _____

Child's Allergens/Trigger Foods.	_____	_____	☆ indicates history of shock + indicates history of additional non-FPIES symptoms
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	



FPIES (K52.21), Food Protein-Induced Enterocolitis Syndrome, is a type of food allergy affecting the gastrointestinal (GI) tract. Unlike typical food allergies, symptoms may not be immediate and do not show up on standard allergy tests. The symptoms of this type of allergic reaction include repetitive vomiting that may not start for a few hours (e.g., 2) following ingestion of the food to which the child is allergic. **Even trace amounts can trigger a reaction.** There is often diarrhea that starts later (after 6 hours). In some cases (about 20%), the reaction includes lethargy, hypotension, acidemia, and/or methemoglobinemia. **The treatment is symptomatic** and can include intravenous fluids (e.g. normal saline bolus, hydration) and steroids for significant symptoms. The latter is given because the pathophysiology is that of a T cell response. **This information is being given so that this could be considered in the differential diagnosis for this child in the event of symptoms.**

Alternately, some children affected by FPIES experience chronic reaction patterns independent of the acute reaction patterns. Though this reaction pattern does not typically require immediate emergency intervention, it can lead to serious consequences if left untreated and therefore must be appropriately reported to the provider if symptoms are observed. **These may include.** _____

Additional Diagnostic Information/Need for Testing: _____

Current Status (What's Happening NOW?): _____