



Educate. Support. Empower.

The FPIES Foundation

www.thefpiesfoundation.org  
contact@thefpiesfoundation.org



Action Plan for FPIES

Child's name: \_\_\_\_\_ "Nickname": \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Primary language spoken: \_\_\_\_\_ Address: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Classroom/Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Office /hospital \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Office /hospital \_\_\_\_\_  
Instructions when contacting physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Allergens/Trigger Foods: \_\_\_\_\_ ☆ indicates history of shock  
\_\_\_\_\_ + indicates history of additional  
\_\_\_\_\_ non-FPIES symptoms  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At BASELINE my child: \_\_\_\_\_  
\_\_\_\_\_  
MAINTENANCE strategies include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mild to Moderate Reaction Symptoms:  
Symptom/ Set of Symptoms: \_\_\_\_\_  
Intervention: \_\_\_\_\_  
\_\_\_\_\_  
Symptom/ Set of Symptoms: \_\_\_\_\_  
Intervention: \_\_\_\_\_  
\_\_\_\_\_  
Symptom/ Set of Symptoms: \_\_\_\_\_  
Intervention: \_\_\_\_\_  
\_\_\_\_\_

Severe Reaction Symptoms (See ER Plan for More Details):  
History of Acute FPIES with Shock? Yes No History/High Risk for Anaphylaxis? Yes No  
Emergency Medication? Yes No  
Symptoms: \_\_\_\_\_  
Intervention: \_\_\_\_\_  
\_\_\_\_\_