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ACTION PLAN FOR FPIES Food Protein-Induced Enterocolitis Syndrome

NAME: .....

DATE OF BIRTH: DD/MM/YYYY

WEIGHT: ..... FPIES TRIGGERS/FOODS:

.....

.....

.....

☐ **IgE-mediated food allergy:** if checked, this individual also has food allergies where there is at risk for anaphylaxis. Please follow their Allergy & Anaphylaxis Emergency Plan if appropriate.

FAMILY EMERGENCY CONTACT:

1. NAME: .....
   PHONE (M): .....
2. NAME: .....
   PHONE (M): .....

Plan prepared by: .....

This treatment plan has been recommended by my/my child's doctor and explained to the patient. While this plan does not expire, review is recommended by: DD/MM/YYYY

HEALTH CARE PROVIDER NAME:

.....

SIGNED: .....

DATE: DD/MM/YYYY

NURSE/PERSONNEL NAME:

.....

SIGNED: .....

DATE: DD/MM/YYYY

PARENT/GUARDIAN NAME:

.....

SIGNED: .....

DATE: DD/MM/YYYY

I, the parent/guardian, authorize the childcare or school to follow this plan and to contact the Health Care Provider if needed, I release the school district and any other childcare or school personnel who follow this plan from civil liability.

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL AN AMBULANCE EVEN IF PARENTS/GUARDIANS CANNOT BE REACHED

WHAT TO LOOK FOR FPIES SYMPTOMS

TYPICALLY DELAYED (1-4HR) AFTER INGESTION

GUT: VOMITING
ABDOMINAL PAIN
NAUSEA
DIARRHOEA

HEART: DIZZY
FAINTING/PASSING OUT
FAST/SLOW HEARTBEAT
WEAK PULSE

SKIN: PALE
BLUE/GREY
COOL
CLAMMY

OTHER: SLEEPINESS/
UNRESPONSIVE
WEAKNESS
LIMP/FLOPPY (INFANTS)

ACTION IF FPIES HAS OCCURED

1. **Give prescribed ondansetron** if vomiting occurs
2. Notify parent/guardian or emergency contact
3. Monitor symptoms:
   If sleepy or lethargic, place individual on their side to prevent choking on vomit.
   If there has been no vomiting for 20-30 minutes, give clear liquids/ice-chips/breastmilk as tolerated.
4. **CALL AMBULANCE** if:
   the vomiting does not stop
   the individual is very sleepy, unresponsive, faints, passes out, or is floppy (infants/young children)
   the skin appears pale, blue, or grey
   the individual appears dehydrated (e.g., dry lips/tongue, not making saliva or tears, not urinating/peeing)

MEDICATION: ONDANSETRON HYDROCHLORIDE

Orally disintegrating tablet (placed in mouth):

☐ 2mg (half 4mg tab) ☐ 4mg ☐ 8mg ☐ 16mg

May repeat the dose once, if the individual vomits within 10 minutes of the initial dose.

How to manage acute FPIES reactions in a non-medical setting:

The key to **preventing** an FPIES reaction is **strict avoidance** of the food allergen.

If there is an accidental ingestion or exposure, acute FPIES reactions are treated with a medication called ondansetron and with oral rehydration.

Ondansetron: This medication is designed to stop nausea and vomiting from many different causes. It can be given as an orally disintegrating tablet that can be placed on top of the tongue where it dissolves in seconds. A second dose of ondansetron can be given if the individual vomits within 10 minutes of the initial dose. Ondansetron is prescribed for >6 months of age at 0.15 mg/kg (maximum single dose 16 mg).

Oral rehydration: If there has been no vomiting for 20-30 minutes, attempt to give small amounts of clear liquids as specified by parents/patient, e.g. oral rehydration solution/ice-chips/breastmilk as tolerated, starting from few ice chips or 1 tsp (5mL) of liquid, and advance as tolerated.

This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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Food Protein-Induced Enterocolitis Syndrome (FPIES) - What is it?

FPIES is an allergic reaction to food involving the gastrointestinal tract (gut). FPIES typically involves profuse, forceful, repetitive vomiting that begins 1 to 4 hours after ingesting the food allergen. The individual may appear pale, lethargic, and weak. Some individuals may develop diarrhoea.

NOTE: A diagnosis of FPIES should not prevent evaluation for other causes of symptoms, especially when it is unlikely that the known food allergen ingested.

FPIES reactions **do not include** hives, swelling, coughing, or wheezing, which are seen with IgE-mediated, immediate-type food allergies where there is a risk for anaphylaxis.

Comparison of Allergic Reactions

	FPIES	IgE-Mediated (risk for anaphylaxis)
TIMING OF SYMPTOMS AFTER INGESTION	Delayed, typically 1- 4 hours	Immediate, typically within 30 minutes
COMMON SYMPTOMS	Vomiting, sleepiness, paleness, weakness, floppiness (infants), diarrhoea hours later	Itchy rash, hives, swelling, cough, wheeze, difficulty breathing, vomiting, diarrhoea, fainting
TREATMENT	Rehydration and ondansetron	Adrenaline
MANAGEMENT	Follow this FPIES Action Plan	If provided, follow the individual's Anaphylaxis Emergency Plan

PLEASE SEE OPPOSITE SIDE FOR MORE INFORMATION!

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL AN AMBULANCE EVEN IF PARENTS/GUARDIANS CANNOT BE REACHED

EXTRA EMERGENCY CONTACTS:

1 NAME: .....
PHONE (M): .....

2 NAME: .....
PHONE (M): .....

3 NAME: .....
PHONE (M): .....

4 NAME: .....
PHONE (M): .....

PARENT/GUARDIAN NAME:

.....

SIGNED: .....

DATE: DD/MM/YYYY

HEALTH CARE PROVIDER NAME:

.....

SIGNED: .....

DATE: DD/MM/YYYY