The study was approved by the institutional review board of the Icahn School of Medicine at Mount Sinai; all allergy and immunology practices in the area are affiliated with the school. Supported by the Jaffe Food Allergy Institute, Department of Pediatrics, Division of Allergy and Immunology, Icahn School of Medicine at Mount Sinai, New York.

**Rationale**: Many food allergy action plans contain a controversial option to inject epinephrine for mild symptoms ("Option A") or no epinephrine for mild symptoms ("Option B"). Ingestion of an allergen can lead to anaphylaxis, cardiovascular collapse, respiratory distress, and death, and is a complex disease process that involves innate and adaptive immune responses.

**Methods**: A chart review was conducted in a pediatric food allergy referral center to assess option use. Surveys were administered to a convenience sample of allergists and pediatricians. A retrospective chart review of 1,000 food allergy action plans in a pediatric allergy referral center was conducted.

**Results**: Surveys included an image of the selection box. Comparison was made by chi square. The study was approved by the institutional review board of the Icahn School of Medicine at Mount Sinai.

**Conclusions**: Pediatricians tended to endorse usage of epinephrine for mild/no symptoms more often than allergists. Severity of past reactions were drivers of selecting these options (more so for allergists than pediatricians).

**Discussion/Limitations**: Further research is needed on the ramifications of using the options. There are no data on how often this recommendation is endorsed by physicians, or what criteria they might use to select this approach.

**Objectives**: To evaluate how often allergists and pediatricians use these options and the clinical reasoning behind it.

**Figures**

Figure 1. FARE allergy action plan with the options highlighted.

Figure 2. Option usage by practitioner type

Figure 3. Reasons to use Option A or Option B

**References**


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