BEE STING

ALLERGY ACTION PLAN

Place Child's

Date

Picture Here Student's Name______ D.O.B._____ Teachers: ______ Allergy To: Yes* □ No \square *Higher risk for severe reaction Asthmatic STEP 1: Treatment **Symptoms** Give Checked Medication** (TO BE DEDERMINTED BY PHYSICIAN AUTHORIZING TREATMENT) • If a bee sting has occurred, but no symptoms ☐ Epinephrine □ Antihistamine Site of sting Swelling, redness, itching □ Epinephrine □ Antihistamine Skin Itching, tingling, or swelling of lips, tongue, mouth □ Antihistamine □ Epinephrine ☐ Antihistamine Gut Nausea, abdominal cramps, vomiting, diarrhea ☐ Epinephrine Throat† Tightening of throat, hoarseness, hacking cough ☐ Epinephrine □ Antihistamine Shortness of breath, repetitive coughing, wheezing Lung† □ Epinephrine □ Antihistamine Thready pulse, low blood pressure, fainting, pale, blueness Heart† □ Epinephrine □ Antihistamine Mouth If a bee sting has occurred, but no sumptoms □ Epinephrine ☐ Antihistamine • If reaction is progressing (several of the above areas affected), give ☐ Epinephrine □ Antihistamine The severity of symptoms can quickly change. †Potentially life-threatening. DOSAGE Antihistamine: give _____ Other: give MEDICATION / DOSE/ ROUTE STEP 2: Emergency Calls 1. Call 911 (or Rescue Squad: _______). State that an allergic reaction has been treated, and additional epinephrine may be needed _____ at ____ . 2. 3. Emergency contacts: Phone Number(s) Name / Relationship 1.)_____ 2.) 1.) 1.) _____ 2.) ____

(REQUIRED)

EVEN IF A PARENT / GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent / Guardian Signature _____

Doctor's Signature

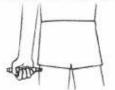
TRAINED STAFF MEMBERS				
1	Room			
2	Room			
3	Room			

EpiPen® and	EpiPen® Jr	. Directions
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Pull off gray activation cap.



 Hold black tip near outer thigh (always apply to thigh).



Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- · Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after
10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.





Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.