

BEE STING

ALLERGY ACTION PLAN

Place
Child's
Picture
Here

Student's Name _____ D.O.B. _____ Teachers: _____

Allergy To: _____

Asthmatic Yes* No *Higher risk for severe reaction

STEP 1: Treatment

Symptoms

- If a bee sting has occurred, but no symptoms
- Site of sting Swelling, redness, itching
- Skin Itching, tingling, or swelling of lips, tongue, mouth
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Mouth If a bee sting has occurred, but no symptoms
- If reaction is progressing (several of the above areas affected), give

The severity of symptoms can quickly change. †Potentially life-threatening.

Give Checked Medication**

(TO BE DETERMINED BY PHYSICIAN AUTHORIZING TREATMENT)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

DOSAGE

Antihistamine: give _____
MEDIATION / DOSE/ ROUTE

Other: give _____
MEDIATION / 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
2. Dr. _____ at _____.
3. Emergency contacts:

| Name / Relationship | Phone Number(s) | |
|---------------------|-----------------|-----------|
| a. _____ | 1.) _____ | 2.) _____ |
| b. _____ | 1.) _____ | 2.) _____ |
| c. _____ | 1.) _____ | 2.) _____ |

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

Parent / Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(REQUIRED)

TRAINED STAFF MEMBERS

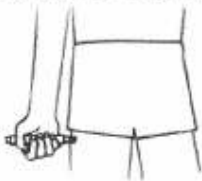
1. _____ Room _____
2. _____ Room _____
3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

- 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.