



Emergency Care Plan



BEE STING ALLERGY

Student: _____ Grade: _____ DOB: _____
 Asthmatic: Yes No (increased risk for severe reaction) Severity of reaction(s): _____
 Parents: _____ Home #: _____ Work #: _____ Cell #: _____
 Health Care Provider/Clinic: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL : (STAY WITH STUDENT)

- **MOUTH** Itching & swelling of lips, tongue or mouth
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities, paleness/grey color, clammy skin
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** "Thready pulse", "passing out", loss of conscientiousness

The severity of symptoms can change quickly – treat immediately!

STAFF MEMBERS INSTRUCTED: Classroom Teacher(s) Special Area Teacher(s) Administration
 Support Staff Transportation Staff

TREATMENT: Remove stinger if visible, apply ice to area. Rinse contact area with water. Keep student quiet.

Treatment should be initiated with symptoms without waiting for symptoms
 Benadryl ordered: Yes No Give _____ Benadryl per provider's orders

Call parent/guardian and school nurse.

Epinephrine ordered: Yes No Special instructions: _____

Directions for Epi-Pen: *Pull off gray cap * Place black tip against outer thigh, halfway between knee and hip*Press firmly til you hear a click*Hold in place for 10 seconds, then remove* Do not return Epi-pen to holder after use, give to EMS personnel or discard in sharps container.

IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

Preferred Hospital if transported: _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____