

Bee Sting Allergy Emergency Care Plan

Crosby-Ironton School District #182

Student: _____ Grade: _____ DOB: _____

Asthmatic: YES/NO (*increased risk for severe reaction*) Severity of reaction(s): _____

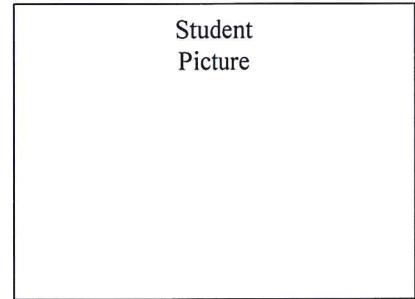
Parent/Guardian: _____ Phone: _____ Work #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

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

The severity of symptoms can change quickly – it is important that treatment is given immediately.



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

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

Treatment should be initiated with symptoms without symptoms

Benadryl ordered: Yes No Give _____ Benadryl per provider's orders.

Other order: _____

Epi-Pen ordered: Yes No Special instructions: _____

1. Give Epi-Pen or Epi-Pen Jr. immediately; hold against upper outer thigh, through clothing if necessary.
2. Call 911 immediately (Epi-Pen only lasts 20-30 minutes).
****Paramedics should always be called if Epi-Pen is given****
3. Contact parents or emergency contact person.
4. Student should be accompanied to hospital by school personal.

Transportation Plan:

Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

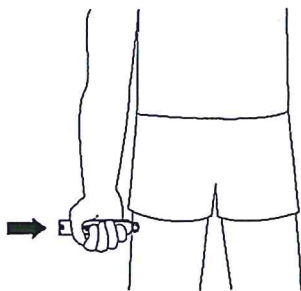
Licensed School Nurse: _____ Date: _____

EPIPEN® Auto-Injector and EPIPEN Jr® Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case



- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

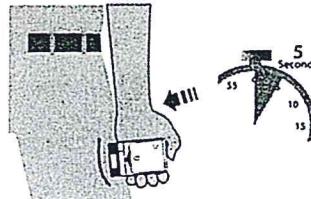
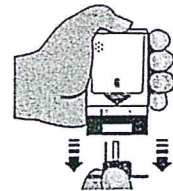


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Auvi-Q™ 0.3 mg and Auvi-Q™ 0.15 mg Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.

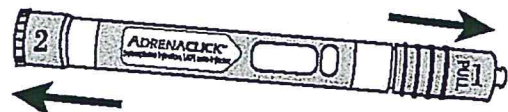


Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



Remove GREY caps labeled "1" and "2".

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: _____) Doctor: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Other Emergency Contacts

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____

Children's ★ Physician
★ Network ★

Address: 43200 Highway 101, Suite 100, Mission Viejo, CA 92690

www.elinics4kids.org

Adapted from the Food Allergy & Anaphylaxis Network (FAAN) Action Plan
www.foodallergy.org