

INSECT STING SEVERE ALLERGY

Emergency Action Plan

STUDENT: _____ D.O.B: _____ Plan Date: _____

SEVERELY ALLERGIC TO: _____

Parent/Guardian & Phone: _____

Parent/Guardian & Phone: _____

Photo

Alternate Emergency Contacts:

1. _____

2. _____

Physician/Health Care Provider: _____ Office: _____ Fax: _____

ACTION TO TAKE IF THE STUDENT IS STUNG BY ANY INSECT

TREAT EVERY STING AS IF IT COULD LEAD TO A SEVERE REACTION - IT'S NOT ALWAYS CLEAR WHAT INSECT DID THE STINGING

1. Have authorized medication quickly brought to the student and alert staff to CALL 911 and the parent/guardian:
Medication is: ☐ in the office; ☐ carried by the student _____
☐ in the classroom _____

2. Remain with the student and observe closely for signs of allergic reaction as listed below. The severity of a reaction can progress quickly or over several hours. Any of these reactions can potentially progress to anaphylaxis, a life threatening situation:
- | | |
|--------|--|
| Mouth | Itching, tingling, or swelling of lips, tongue, mouth |
| Skin | Hives, itchy rash, swelling of the face or extremities |
| Gut | Nausea, abdominal cramps, vomiting, diarrhea |
| Throat | Tightening of throat, hoarseness, hacking cough |
| Lungs | Difficulty breathing, repetitive coughing, wheezing |
| Heart | Thready pulse, pale or blue, loss of consciousness |

3. EVEN IF A PARENT/GUARDIAN CAN NOT BE REACHED
DO NOT HESITATE TO GIVE MEDICATION AS AUTHORIZED, CALL 911 & ALLOW TRANSPORTATION TO THE HOSPITAL

→ Administer the student's epinephrine as directed on the current medication authorization form:

- ☐ Staff must administer epinephrine for the student if it is needed.
☐ The student can self-administer epinephrine. If the student isn't able to, staff must administer it if it is needed.
→ If epinephrine is administered the student must be transferred to a hospital. Note the time it was given and give the carefully re-encased, used syringe to emergency response personnel.
☐ If able to swallow, give antihistamine as directed on the current medication authorization form. Antihistamine will not stop anaphylaxis and is not a replacement for epinephrine.

4. First aid for insect stings: ASAP, attempt to remove the stinger by using a quick scrape over the site with a firm edged object like a credit card or fingernail. To prevent release of more venom, do not try to pull the stinger out and don't use tweezers. Wash the affected area with soap and water. Apply ice or a cold compress to reduce swelling and pain.
5. ☐ This student has asthma, associated with a higher risk for severe reactions.
6. Take a copy of this care plan and all authorized medication on field trips:
☐ School staff is responsible for taking authorized medication on field trips.
☐ The student is independent in being responsible for taking authorized medication on field trips.
7. ☐ This allergy condition does not limit the student from full participation in school and field trip activities.
8. Additional: _____

This Health Care Plan will be shared confidentially on a need to know basis with school staff.
It will be carried forward into successive years with updates as indicated by the parent/guardian.

Parent/Guardian Signature _____ Date _____

Physician/Health Care Provider Signature _____ Date _____