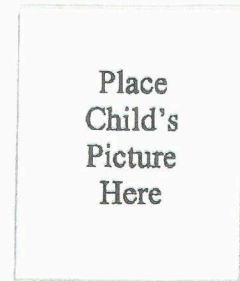


## Bee Sting Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade/Class \_\_\_\_\_



**ALLERGY TO:** \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

◆ **STEP 1: TREATMENT** ◆

**Symptoms:**

- If child has been stung, but *no symptoms*:
- 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
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other†
- 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)

- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine
- Epinephrine     Antihistamine

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_ medication/dose/route

**Other:** give \_\_\_\_\_ medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

◆ **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. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

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

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_


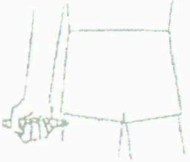



TRAINED STAFF MEMBERS

1.

Room

Room

Room

<p><b>EpiPen® and EpiPen® Jr. Directions</b></p> <ul style="list-style-type: none"> <li>▪ Pull off gray activation cap.</li> </ul>  <ul style="list-style-type: none"> <li>▪ Hold black tip near outer thigh (always apply to thigh).</li> </ul>  <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	<p><b>Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions</b></p>  <ul style="list-style-type: none"> <li>▪ Pull off green end cap, then red end cap.</li> <li>▪ Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.</li> </ul> <p><b>SECOND DOSE ADMINISTRATION:</b> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> <li>▪ Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.</li> <li>▪ Slide yellow or orange collar off plunger.</li> <li>▪ Put needle into thigh through skin, push plunger down all the way, and remove.</li> </ul>  
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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.

