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		Give Checked Medication** (TO BE DEDERMINTED BY PHYSICIAN AUTHORIZING TREATMENT)	
• If a bee sting has occurred, but no symptoms		☐ Epinephrine	☐ Antihistamine
• Site of sting	Swelling, redness, itching	☐ Epinephrine	☐ Antihistamine
• Skin	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
• Throat†	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
• Lung†	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
• Heart†	Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
• Mouth	If a bee sting has occurred, but no symptoms	☐ Epinephrine	☐ Antihistamine
• If reaction is progressing (several of the above areas affected), give		☐ Epinephrine	☐ Antihistamine

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

DOSAGE

Antihistamine: give _____
MEDICATION / DOSE/ ROUTE

Other: give _____
MEDICATION / 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 _____

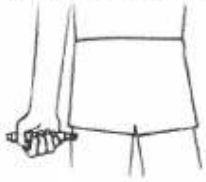
2. _____ Room _____

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.**

<u>SECOND DOSE ADMINISTRATION</u>:
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.

The Food Allergy & Anaphylaxis Network

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*