

# 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 DETERMINED BY PHYSICIAN AUTHORIZING TREATMENT)

- |  |                                      |  |
|--|--------------------------------------|--|
| • If a bee sting has occurred, but no symptoms                           | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Site of sting Swelling, redness, itching                               | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin Itching, tingling, or swelling of lips, tongue, mouth             | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea                       | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Throat† Tightening of throat, hoarseness, hacking cough                | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Lung† Shortness of breath, repetitive coughing, wheezing               | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Heart† Thready pulse, low blood pressure, fainting, pale, blueness     | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth If a bee sting has occurred, but no symptoms                     | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • If reaction is progressing (several of the above areas affected), give | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> 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**

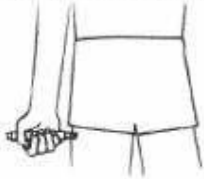
1. \_\_\_\_\_ Room \_\_\_\_\_
2. \_\_\_\_\_ Room \_\_\_\_\_
3. \_\_\_\_\_ Room \_\_\_\_\_

**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.



**SECOND DOSE ADMINISTRATION:**

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.



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