



Emergency Care Plan



BEE STING ALLERGY

Student: _____ Grade: _____ DOB: _____

Asthmatic: Yes No (increased risk for severe reaction) Severity of reaction(s): _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

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

- **MOUTH** Itching & swelling of 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 give immediately.

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

Treatment should be initiated with symptoms without waiting for symptoms

Benadryl ordered: Yes ___ No ___ **Dosage Schedule:** _____

*self carry Yes ___ No ___

Epinephrine ordered: Yes ___ No ___ **Dosage Schedule:** _____

*self carry Yes ___ No ___

IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

Preferred Hospital if transported: _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present. Call school nurse / parent if off school grounds.

*I attest that this student has demonstrated to me that they can self administer this medication.

Physician's Signature _____ Date: _____

Physician's Name (please print) _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

** This plan will be shared with pertinent staff on an as need to know basis and is in effect for the current school year and summer school if needed.

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Revised 1/08