Bee Sting Allergy Action Plan

Insert Photo Here

Student's Name:_____DOB:_____Grade:_____
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 child has been stung, but has no symptoms	☐ Epinephrine	☐ Antihistamine
MOUTH: Itching, tingling or swelling of lips, tongue or mouth	☐ Epinephrine	☐ Antihistamine
SKIN: Hives, itchy rash, swelling of the face or extremities	☐ 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
OTHER□:	☐ Epinephrine	☐ Antihistamine
The severity of symptoms can change quickly.	□Potentially life-threatening	

DOSING

Epinephrine: Inject intramuscularly (choose one) ☐ **EPIPEN JR® 0.15mg** ☐ **Adrenaclick® 0.15mg** ☐ **AUVI-Q® 0.15mg**
(See reverse side for instructions) ☐ **EPIPEN® 0.3mg** ☐ **Adrenaclick® 0.3mg** ☐ **AUVI-Q® 0.3mg**

Antihistamine:_____
(Medication/Dose/Route)

Other:_____
(Medication/Dose/Route)

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

Step 2: EMERGENCY CALLS

1. Call 9-1-1 (or Rescue Squad)	State than an allergic reaction has been treated and additional epinephrine may be needed.
2. Call Dr. _____	Doctor's Phone #:
3. Emergency Contacts (Name/Relationship)	Phone Number

Even if parent/guardian cannot be reached, do NOT hesitate to medicate or call 9-1-1 for medical transport!

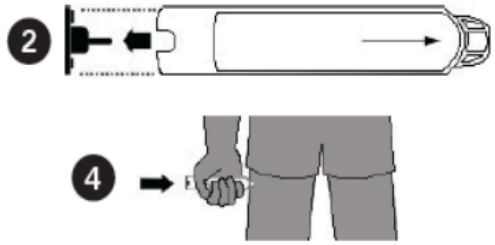
Parent/Guardian Signature:_____Date:_____

Healthcare Provider Signature:_____ Date:_____

TRAINED STAFF MEMBERS	
Name:	Room #:
Name:	Room #:
Name:	Room #:

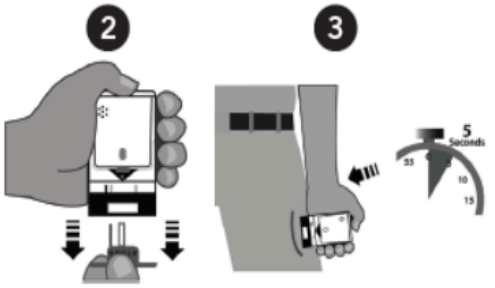
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

Once epinephrine injection is used, call 9-1-1/Rescue Squad. Give the used unit with you to the Emergency Department. Plan to stay for observation at the Emergency Department for at least 4 hours.

For students with multiple food allergies, consider providing separate action plans for different foods.