

Allergy Action Plan (Bee Sting)

School Year 20__ to 20__

Name _____

DOB ____/____/____

Asthmatic Yes* No *Higher risk for severe reaction

Emergency Plan (to be completed by physician)

Treatment

Symptoms

- If a bee sting has occurred, but *no symptoms*:
- Site of Sting Swelling, redness, itching
- Skin Itching, tingling or swelling of lips, tongue, mouth
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat ♦ Tightening of throat, hoarseness, hacking cough
- Lung ♦ Shortness of breath, repetitive coughing, wheezing
- Heart ♦ Thready pulse, low BP, fainting, pale, blueness
- Other♦ _____

Give Checked Medication

- EpiPen Antihistamine
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- EpiPen Antihistamine

If reaction is progressing (several of the above areas affected), give
The severity of symptoms can quickly change. ♦Potentially life threatening

Dosage

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr (see reverse side for instructions)
Dose: _____ mg

Antihistamine: Give _____ medication/dose/route

Other: Give _____ medication/dose/route

Emergency Calls

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Parent/Guardian _____ Home Phone _____
Work Phone _____ Cell Phone _____
3. Dr. _____ at _____
4. Emergency Contact (if parent cannot be reached) _____
Phone _____

Parent/Guardian Signature _____

Physician Signature _____

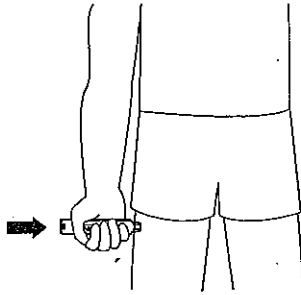
Physician Printed Name _____ Address _____

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: _____
 Parent/Guardian: _____

Phone: () - _____
 Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____
 Name/Relationship: _____

Phone: () - _____
 Phone: () - _____