

Photo

ISD 318 Bee Allergy Action Plan

Name _____ DOB ____/____/____

Grade _____ School _____

Asthmatic Yes* No *Higher risk for severe reaction

↓Emergency Plan (to be completed by physician)

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♦ _____

The severity of symptoms can quickly change. ♦Potentially life threatening

Give Checked Medication

- EpiPen Antihistamine
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Dosage

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr

Antihistamine: 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 _____ Work _____

Cell _____

Parent/Guardian Signature

Physician Signature
