Bee Sting Allergy Action Plan

Students Name: ____________________ **DOB**____________ **Teacher**__________

Asthmatic **Yes*/ No** *Higher risk for severe reaction

Treatment:

Symptoms:	**Give Circled Medication**** ** To be determined by a physician**	
• If states has been stung and no symptoms	Epinephrine	Antihistamine
• Mouth: itching, tingling or swelling of lips, tongue or mouth	Epinephrine	Antihistamine
• Skin: hives, itchy rash, swelling	Epinephrine	Antihistamine
• Gut: Nausea, Abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
• Throat+: tightening of throat, hoarseness, 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
• If reaction is progressing, several of the above areas affected, give	Epinephrine	Antihistamine

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

Dosage:

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg

Antihistamine: give____
Medication/dose/route

Other: ____
Medication/dose/route

Important: Asthma Inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Emergency Calls

1. Call 911 (or rescue squad)________________. State an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr.____________________ Phone number:______________ at______________________
3. Parents________________ Phone number (s)__________________________________
4. Emergency Contacts:
   Name/Relationship Phone number(s)

a.__________________________ ______________________________

b.__________________________ ______________________________

Even if parent/legal guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

Parent/guardian__________________________________ **date**____________

Doctor's signature________________________________ **date**____________

Created: 5/13/2008