

Bee-Sting Emergency Action Plan 2017/2018

Student's Name: _____

D.O.B: _____ Grade: _____ Homeroom Teacher: _____

Symptoms of student's allergic response (check all that apply):

- Hives, itchy rash, swelling of face &/or extremities
- Swelling at sting site
- Severe pain at sting site
- Itching, tingling, &/or swelling of the lips, tongue, &/or mouth
- Red, itchy, watery eyes
- Shortness of breath, repetitive coughing, &/or wheezing
- Other (describe): _____

✦ ROUTINE BEE-STING PROCEDURE FOR ALL STUDENTS ✦

- If stinger is still present, scrape it off with a piece of stiff paper or card. Do not squeeze to remove.
- Clean area with soap and water.
- Apply ice to sting area.
- Observe student in clinic for 5-10 min. for allergic reaction.
- If no reaction present after observation time, student may return to class. Classroom teacher should be notified that student was stung as delayed reactions may be possible.

✦ EMERGENCY PROCEDURE FOR ALLERGIC STUDENTS ✦

Please check the appropriate treatment for your child should he/she be stung at school.

- Use the above Routine Bee-Sting Procedure ONLY
- Use the above Routine Bee-Sting Procedure, but ALSO give Benadryl. (Typical Dose: Ages 6-12: 12.5mg-25mg & > 12 yrs: 12.5mg-50mg).
- Use the above Routine Bee-Sting Procedure, but ALSO immediately administer Epi-Pen as ordered by physician.

Then Call:

- 911
- Mom: _____
- Dad: _____
- Emergency Contact: _____

IF EPINEPRINE IS ADMINISTERED, YOU MUST CALL 911!!

Parent's Signature: _____ Date: _____

EMERGENCY CONTACTS:	TRAINED STAFF MEMBERS:
1. Name/Relationship:	1. Name: Keri Faust, RN
Phone Number:	Room #: Clinic- 156
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #:

