



# Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800  
[www.loomis-usd.k12.ca.us](http://www.loomis-usd.k12.ca.us)

*Building Excellence in Education since 1856*  
 Gordon T. Medd, Superintendent

Attach Student  
 Picture Here

## EMERGENCY HEALTH CARE PLAN Bee Sting Allergy

<b>Student Name:</b>	<b>Birthdate:</b>
<b>School Name/Phone Number:</b>	<b>Grade/Teacher:</b>
<b>Student Weight (lbs):</b>	
<b>Is the Student Asthmatic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, student is at higher risk for severe reaction	

### Bee Sting Allergy Information:

If student is stung and/or has mild to severe symptoms, follow directions below.

**Note:** The severity of symptoms can change quickly. All symptoms listed below can potentially progress into a life threatening situation! Always stay with the student and contact the school office for assistance.

Treatment			
Remove Stinger if visible		Apply ice to area	Rinse sting area with water
<b><u>Symptoms:</u></b>		<b><u>Give Checked Medication</u></b> (as determined by physician authorizing treatment)	
If stung by a bee, but <i>no</i> symptoms:		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Mouth:</b> Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Skin:</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Gut:</b> Nausea, Abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Throat:</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Lung:</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Heart:</b> Weak or thread pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Other/Combination:</b> a combination of symptoms or other symptoms identified.	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

<b>Medication Order</b> <i>(to be completed by Physician)</i>	
Student may carry Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student may self-administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epinephrine	
o Brand:	
o Dosage:	
Antihistamine	
o Brand:	
o Dosage:	
o Route:	
Other Medications	
o Brand:	
o Dosage:	
o Route:	
Location of Medications at School	

<b>Monitoring</b>	
<b>Stay with Student; Alert School Nurse, Healthcare Professionals and Parent.</b>	
Tell Emergency technicians that Epinephrine was given.	
Note time Epinephrine (or any other medications including Albuterol or Benadryl) was administered.	
A second dose of Epinephrine can be given 5 minutes or more after the first dose if symptoms persist or recur.	
For a severe reaction, consider keeping student lying on back with legs raised.	
Treat student even if parent/guardian cannot be reached.	

<b>Emergency Contact Information</b>		
Parent/Guardian:	Phone:	Relationship:
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Parent/Guardian:	Phone:	Relationship:

My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to CA state laws and regulations. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for the maximum of one year. If changes are indicated, I will provide new written orders and authorization (may be faxed).

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Completed By Parent:** I authorize the school nurse and/or other trained school personnel to assist my child in taking his/her medications and treatments, and I authorize the nurse to consult with the Health Care Provider about my child's medical needs as necessary while my child is at school. I understand it is my responsibility to provide all medication, supplies and equipment and understand that if my child carries his own medication I should provide extra to be kept in the office in case needed.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

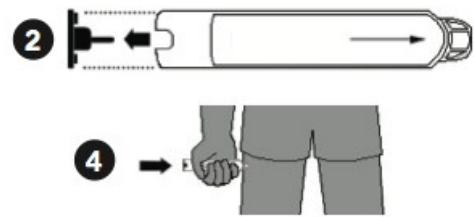
School Nurse Initial: \_\_\_\_\_

Principal Initial: \_\_\_\_\_

## Directions

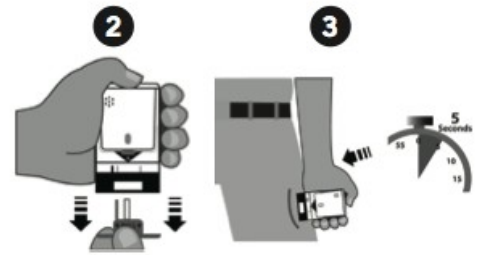
### EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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.



**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

## Emergency Information

**Call 911**  
**Be sure to give your**  
**name and location**

Loomis Fire Department: 916-791-3070 (station 20)

EMS Dispatch (from cell phone): (530) 886-5375

## Site Staff Members Trained in Epinephrine Administration

<i>Franklin Elementary</i> Phone: (916) 652-1818 Fax: (916) 652-1821	<i>Loomis Grammar</i> Phone: (916) 652-1824 Fax: (916) 652-1826	<i>Placer Elementary</i> Phone: (916) 652-1830 Fax: (916) 652-1832	<i>H. C. Powers Elementary</i> Phone: (916) 652-2635 Fax: (916) 652-2679
<i>Penryn Elementary</i> Phone: (916) 663-3993 Fax: (916) 663-2127	<i>Ophir STEAM Academy</i> Phone: (530) 855-3495 Fax: (530) 823-9101	<i>Loomis Basin Charter</i> Phone: (916) 652-2642 Fax: (916) 652-1822	<i>Loomis Union School District Office</i> Phone: (916) 652-1800 Fax: (916) 652-1809

SCHOOL YEAR \_\_\_\_\_ / \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physician Signature on order  Parent Signature on file  Diagnosis/Indications for using medicine: \_\_\_\_\_  
 Physician Phone Number: \_\_\_\_\_

Medicine Received: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 (For controlled medications, attach and complete a LUSD Controlled Medication Count Log)

**Medication:**  Epinephrine  Benadryl/ Diphenhydramine Dose: \_\_\_\_\_ mg by mouth  Inhaler Type: \_\_\_\_\_  
**Directions:** \_\_\_\_\_

Time & Initial box when administered.

Date Given:	Date Given:	Date Given:
Time Given:	Time Given:	Time Given:
Site Given: <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh	Site Given: <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh	Site Given: <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh
<input type="checkbox"/> Epinephrine <input type="checkbox"/> Inhaler <input type="checkbox"/> Benadryl Diphenhydramine	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Inhaler <input type="checkbox"/> Benadryl Diphenhydramine	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Inhaler <input type="checkbox"/> Benadryl Diphenhydramine

If checked, give epinephrine immediately for ANY symptoms. (See Emergency Health Care Plan)  
**If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose**

Medication discontinued or picked up by parent/guardian:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Person(s) Administering Medication:  
 Provide Signature, Initials and Date of Signature.

Signature:	Initials:	Date: