



Allergy- Insect Sting Emergency Action Plan

Student	<i>Date of Birth</i>	Parent/Guardian
Today's Date		Home Phone
School		Work
Grade	Teacher	Cell

Child is allergic to Beestings other _____ Will your child need medication regardless of symptoms? * Yes * No

LOCATION OF EPI-PEN _____ Does your child have asthma? *No *Yes, at risk for severe reaction

IF YOU SEE THIS	DO THIS
Stinger left in skin Redness and swelling at bite site	<ul style="list-style-type: none"> Remove stinger with plastic edge or fingernail by scraping DO NOT push, pinch, squeeze stinger this may release more venom under skin Apply ice to site Keep stung body part below level of heart May apply <i>Sting Relief</i> to site
Tightening of throat, hoarseness Shortness of breath, coughing, wheezing	<ul style="list-style-type: none"> Give medication _____ Place in <u>semi-upright</u> position Call 911- do not leave student alone Call parent/guardian
Weak pulse Fainting Pale or bluish color Cool, clammy skin	<ul style="list-style-type: none"> Give medication _____ <u>Lay on back – raise feet and legs</u> Call 911- do not leave student Call parent/guardian

What is the most usual sign/symptom of trouble for your child? __local swelling __hives
 __trouble breathing __full faint, collapse “anaphylaxis”
 __other _____

What usually helps _____

Parent/Guardian Signature _____ Date _____

Nurse Signature/Date _____

*File original in Individual Health Record
 Copies to appropriate staff and Emergency Action Notebook*