



Bee-Sting Emergency Action Plan 2023/2024

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

Then Call:

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

IF EPINEPHRINE IS ADMINISTERED, YOU MUST CALL 911!!

Parent's Signature: _____ Date: _____

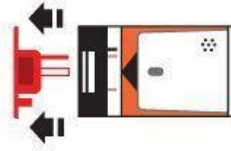
EMERGENCY CONTACTS:	TRAINED STAFF MEMBERS:
1. Name/Relationship:	1. Name: Amanda Byrd, RN
Phone Number:	Room #: Clinic-156
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #:

Epi-Pen Autoinjector



Auvi Q Autoinjector (follow voice prompts)

1) Pull Off **RED** safety guard



2) Place **BLACK** end **AGAINST** **OUTER THIGH**, then **PRESS FIRMLY** and hold for **5 seconds**

