

Plan of Care – **SEVERE ALLERGY TO: BEE STINGS**

Student: _____ Grade: _____

IF YOU SEE THIS:	DO THIS:
• Hives	• Stay with Student
• Itchy Skin	• Keep Student Quiet
• Swelling at Sting Site	• Page Nurse and State Student's Name, State Bee Sting So Nurse Can Bring Medication
• Reported or Suspected Bee Sting	

IF YOU SEE THIS:	DO THIS:
• Hives Spreading Over Body	• Administer Epi-Pen
• Wheezing, Difficulty Swallowing or Breathing	• Call 911 Immediately
• Swelling of Face, Ears, Lips, or Neck	• Call Parent/Guardian
• Tingling/Swelling of Tongue	• Tell EMS That Epi-Pen Was Given and the Time Given
• Vomiting	
• Extreme Paleness/Gray Color, Clammy Skin	

Contact: **911**

School Nurse: _____ Principal: _____

Parent/Guardian: _____ Phone: _____

DIRECTIONS FOR USE OF EPI-PEN

1. Pull off gray cap
2. Place black tip against outer thigh, halfway between knee and hip
3. Press firmly until you hear a click
4. Hold in place for 10 seconds, then remove
5. Do NOT return Epi-Pen to holder after use, give to EMS personnel or discard in sharps container

(Signature of Parent/Guardian)

(Date)

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6. Remind Parent/Guardian to get replacement Epi-Pen to school as soon as possible

Student may carry Epi-Pen with them while at school or while at a school function after school hours.

◆ _____
(Parent/Guardian Signature)

◆ _____
(Principal Signature)

◆ _____
(School Nurse/Aide Signature)

Documentation of Participation and Acknowledgement of Plan
Trained/Reviewed Use of Emergency Medications:

[illegible]

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Teacher		
Teacher		
Teacher		
Other		
Other		

(Signature of Parent/Guardian)

(Date)