




LPS

Bee Sting Allergy and Anaphylaxis *Emergency Care Plan*

Student: _____ Grade: _____ DOB: _____

Allergy to : _____

☐ Give Epinephrine
immediately if stung.Asthma: ☐ Yes (increased risk for severe reaction) ☐ No

Severe Symptoms		Medications Order/ Dosage
AIRWAY: Sudden Shortness of Breath, Wheezing, Swelling of Tongue, Lips, and Throat, Difficulty Swallowing, Change in Voice, Tightness in Chest, Metallic Taste SKIN: Widespread Flushing, Redness Warmth, Widespread Hives, Widespread Swelling and Itchiness HEART: Rapid weak pulse, Palpitations GI: Nausea, Vomiting, Cramping (when combined with other symptoms) MENTAL STATUS: Fear or Apprehension, Agitation, Feeling of Impending Doom Other: May Collapse or Lose Consciousness (May have any of the above symptoms)		Epi Auto Injector _____ Dose: <input type="checkbox"/> 0.15mg IM <input type="checkbox"/> 0.3mg IM Inject Epinephrine Immediately-Do not Delay-Call 911 Note: Do not depend on antihistamines or inhalers to treat a severe reaction. Give Epinephrine-Do not Delay. Call 911. Follow with Antihistamine and Inhaler if ordered. Antihistamine _____ Dose/Route _____ Other (e.g. bronchodilator if asthmatic) _____ _____ _____
Localized Symptoms: Local Reaction: Pain, Swelling and Redness around site of sting. A larger localized reaction may have a large area of swelling and redness adjacent to the sting site or large area on the affected limb. <ul style="list-style-type: none">• Scrape off stinger with dull edged object like fingernail or credit card (honey bees leave stingers others do not) Avoid squeezing the stinger as it may inject more venom making the reaction worse.• Wash, Apply Cool Compress, Elevate• Give Antihistamines if ordered. Other _____		
IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.		

STAFF MEMBERS INSTRUCTED:

☐ Administration☐ Classroom Teacher(s)☐ Support Staff☐ Special Area Teacher(s)☐ Transportation Staff

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE