



# Blessed Sacrament School

## Health Services

### BEE STING ALLERGY EMERGENCY CARE PLAN

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ DOB: \_\_\_\_\_

Asthmatic:  Yes  No (increased risk for severe reaction) Severity of reaction(s): \_\_\_\_\_

Mother: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Best phone number during school hours: \_\_\_\_\_

#### SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue, or mouth
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting and/or diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** "Thready pulse", "passing out"

The severity of symptoms can change quickly – it is important that treatment is given immediately.

STAFF MEMBERS INSTRUCTED:  Teacher  Special Teachers  Administration  Support Staff

**TREATMENT:** Remove stinger if visible, apply ice to area. Rinse contact area with water.

Treatment should be initiated  with symptoms  without waiting for symptoms

Benadryl ordered:  Yes  No Give \_\_\_\_\_ Benadryl per provider's orders

Call school nurse at: **Ext. 368 or 315-463-1261** Call parent/guardian if off school grounds

Epinephrine ordered:  Yes  No Special Instructions: \_\_\_\_\_

**IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING ARE SEEN AT THE SITE AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.**

Preferred Hospital if transported: \_\_\_\_\_

Epinephrine provides a 20-minute response window. After epinephrine, a student may feel dizzy or have increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent/guardian, or emergency contact is not present and adequate supervision for other students is present.

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (to share this plan with Provider and School Staff): \_\_\_\_\_

Copy provided to parent  Copy sent to Healthcare Provider