

# Bee Allergy Action Plan

Attach  
child's  
picture  
here

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_  
**ALLERGY TO:** \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## STEP 1: TREATMENT

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
☐ If stung, but no symptoms:	☐ Epinephrine ☐ Antihistamine
■ Mouth Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
■ Skin Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine
■ Gut Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
■ Throat† Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
■ Lung† Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
■ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
■ Other† _____	☐ Epinephrine ☐ Antihistamine
■ If reaction is progressing (several of the above areas affected), give:	☐ Epinephrine ☐ Antihistamine

† Potentially life-threatening. The severity of symptoms can quickly change.

## DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

## STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Parent \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

3. Emergency contacts:

Name/Relationship	Phone Number(s)			
a. _____	1.) _____	2.) _____		
b. _____	1.) _____	2.) _____		

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

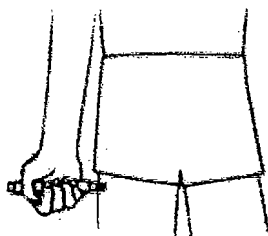
**TRAINED STAFF MEMBERS**

1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

**EpiPen® and EpiPen® Jr. Directions**  
Pull off gray activation cap.



1. Hold black tip near outer thigh (always apply to thigh).



2. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject® 0.3 mg and Twinject® 0.15 mg**  
Directions



1. Remove caps labeled "1" and "2."
2. Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



**SECOND DOSE ADMINISTRATION:**

If symptoms don't improve after 10 minutes, administer second dose:

1. Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



2. Slide yellow collar off plunger.
3. Put needle into thigh through skin, push plunger down all the way, and remove.



**Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.**