SEVERE INSECT STING ALLERGY ACTION PLAN
FOR SCHOOL PERSONNEL
SCHOOL YEAR: 2015-2016

Student:                                               Grade:       DOB:
Teacher:

SEVERE ALLERGY TO: _____________________________________________

Asthmatic: YES ☐*  NO☐   * Higher risk for severe reaction

STEP 1:  RECOGNIZE THE SYMPTOMS

If ______________ is stung or is believed to be stung by a bee/wasp/insect and shows the following symptoms, as ☑ by doctor:

Symptoms: (Doctor, please ☑ all symptoms that require EpiPen administration)

☐ Mouth    itching, tingling or swelling of the lips, tongue, mouth
☐ Throat    tightening of throat, hoarseness, hacking cough
☐ Skin      hives, itchy rash, swelling of the face or extremities
☐ Gut       nausea, abdominal cramps, vomiting, diarrhea
☐ Lung      shortness of breath, repetitive coughing, wheezing
☐ Heart     weak or thready pulse, low blood pressure, fainting, pale, blueness
☐ Other     _______________________________________________________

STEP 2:  RESPOND

Give EpiPen and/or Benadryl as directed per Physician Order Form

☐ EpiPen JR. (0.15mg epinephrine)
OR
☐ EpiPen (0.3mg epinephrine)

Benadryl: ___________________________________________________________________

Administer rescue breathing or CPR, if necessary.

STEP 3:  EMERGENCY CALLS

1. Call 911
2. Call Emergency Contacts:

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<tr>
<th>Name/Relationship</th>
<th>Phone Number</th>
<th>Alternate Phone Number</th>
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HCP Signature          Date          Parent/Guardian Signature       Date

Clinic Name and Phone Number
Revised 05/2015
SEVERE INSECT STING ALLERGY ACTION PLAN
FOR SCHOOL PERSONNEL

Student: _____________________ Grade: _________ DOB: _________
Teacher: ________________________ Classroom: ________________

EpiPen Trained Staff:

<table>
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<tr>
<th>Name (Please print)</th>
<th>Title</th>
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Nurse Verification:
Action plan and staff training verified.

Nurse signature ______________________________________ Date_________________

Parent/guardian signature ______________________Date ____________________

____________________________________________________________________________

Directions for EpiPen (Epinephrine) Auto-Injector 0.15mg or 0.3mg

• Pull off gray safety cap.

• Jab black tip firmly into outer thigh **and hold** on thigh approximately 10 seconds.

• Deliver used EpiPen to EMS responders.