

CARE PLAN (BEE STING)

Student Name: _____ D.O.B: _____ Grade: _____ Room: _____

Address: _____ Home Phone #: _____

Mother's Name: _____ Work Phone #: _____
Mobile #: _____

Father's Name: _____ Work Phone #: _____
Mobile #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Hospital: _____ Insurance: _____ Policy #: _____

ALLERGIC TO: Severe Bee Sting Allergy

ASHTMATIC: Yes* No * High risk for a severe reaction

Signs of Emergency: **SIGNS OF AN ANAPHYLACTIC REACTION INCLUDE:**

SYSTEMS	SYMPTOMS:
MOUTH	Itching & swelling of the lips, tongue, or mouth
THROAT	Itching and/or sense of tightness in the throat, hoarseness & hacking cough
SKIN	Hives, itchy rash, and or swelling about the face or extremities
GUT	Nausea, abdominal cramps, vomiting, and/or diarrhea
LUNGS	Shortness of bread, repetitive coughing, and/or wheezing
HEART	"thready" pulse, "passing-out"

The severity of symptoms can quickly change. ALL ABOVE SYMPTOMS can potentially progress to a life- threatening situation!

Action for the Teacher to take: Stay with the student.

FOR SUSPECTED BEE STING:

1. Call office for assistance and medication if student is unable to go to the office.
2. If outside, have someone run to the closest room and call the office for help and have the office call 911.
3. Inject Epi-Pen Jr. in upper outer thigh if signs of worsening reaction (breathing difficulty, wheezing hives, redness of neck, stomach, etc., burning or warming skin, restlessness, irritability, severe anxiety, headache, dizziness, disorientation). You do not have to remove any clothing. See the other side. **NOTE TIME GIVEN:** _____

FOR KNOWN BEE STING:

1. Remove the stinger with a piece of stiff cardboard, do not use tweezers.
2. Call office for help and Epi-Pen. Have office call 911.
3. Immediately inject Epi-Pen in upper, outer thigh. You do not have to remove any clothing before injecting. SEE OTHER SIDE. **NOTE TIME GIVEN:** _____
4. Transport to E.R. (El Camino Hospital).

DO NOT HESITATE TO GIVE MEDICAION OR CALL 911 even if parent or doctor cannot be reached!

I GIVE MY CONSENT FOR THIS INFORMATION TO BE SHARED WITH SCHOOL STAFF.

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Teacher Signature: _____ Date: _____