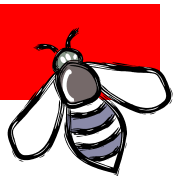
Emergency Care Plan



BEE STING ALLERGY

Student: _____ Grade: _____ School Contact: _____ DOB: _____

Asthmatic: ❑ Yes ❑ No (increased risk for severe reaction) Severity of reaction(s): _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLLERGIC 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, 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 give immediately.

Student Photo

STAFF MEMBERS INSTRUCTED: ❑ Classroom Teacher(s) ❑ Special Area Teacher(s) ❑ Administration ❑ Support Staff ❑ Transportation 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. Call parent/guardian if off school grounds.

Epinephrine ordered: ❑ Yes ❑ No Special instructions: _____

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.

Preferred Hospital if transported: _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an 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.

Transportation Plan: ❑ Medication available on bus ❑ Medication NOT available on bus ❑ Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

❑ Copy provided to Parent ❑ Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

This plan is in effect for the current school year and summer school as needed.

Revised 1/08

ALLERGY HISTORY

Child's Name:_____ Birthdate:_____

Grade: _____

Healthcare Provider's Name: _____Phone:_____

ALLERGIES:

_____

_____

At what age was your child diagnosed with an allergy? _____

What symptoms/incident led to the diagnosis?_____

_____

_____

Airborne Allergy: Yes_____ No_____ Explain_____

Has your child been hospitalized for an allergic reaction? Yes_____ No_____ If Yes, when and please explain incident and treatment: _____

_____

_____

When was your child's last allergic reaction?_____

_____

What symptoms does your child usually exhibit during an allergic reaction?_____

_____

What treatment does your child usually require for an allergic reaction?_____

_____

Has your child experienced an allergic reaction at school before?_____
If so, please describe the latest incident:_____

_____

Do you give permission for your child to eat foods that, "may contain traces of….." the above specified allergen? _____

Do you give your child permission to eat foods that, "were processed in a facility that also processes…" the above specified allergen? _____

------CONTINUED ON NEXT PAGE------

Does your child have asthma? Yes___ No___ (Asthma can increase the severity of a reaction)

How have previous allergic reactions affected his/her asthma? _____

May the school nurse share this information with school staff on a “need to know” basis? Yes No

There is an Emergency Care Plan for Allergies that should be filed for your child. There is a medication authorization form if your child requires treatment for an allergic reaction. (Please be in touch with the school office if you have not received these forms.)

It is your responsibility to have all forms filled out and signed by you and your child’s Doctor. They should be returned to school by the first day of classes, along with any medications that your child may need if an allergic reaction occurs at school.

Parent/Guardian Signature_____ Date: _____