

BEE STING ALLERGY
INDIVIDUAL HEALTH PLAN

NAME: _____ DOB _____

TEACHER _____ Grade _____

History: _____

TREATMENT FOR BEE STING (Mild Symptoms: Itchy Mouth, Minor Hives, Mild Itch, Mild Nausea)

-Remove the stinger with the dull edge of a credit card (or something similar), do not use tweezers or your finger nails

-Administer **BENADRYL** _____ by mouth

Dose

_Apply Ice to insect sting for comfort

-Call Parents

TREATMENT FOR BEE STING SEVERE REACTION LISTED:

Skin -Severe Hives, Itching, Swelling of the Face or Extremities

Throat-Tightening of the Throat, Hoarseness, Hacking Cough

Lung -Wheezing, Shortness of Breath, Repetitive Coughing

Mouth-Swelling of the Lips, Tongue or Mouth

Gut -Nausea/Vomiting, Abd. cramps, Diarrhea

Heart -Fainting, Low Blood Pressure, Pale/Blue Pallor

Other -2 or more system involvement

-Administer **EPI-PEN** _____ for severe reactions listed above.

Dose

-Call 911 Immediately

-Call Parents

1. _____ (H) _____ (W) _____ (C)

2. _____ (H) _____ (W) _____ (C)

CONTACT IF PARENTS NOT REACHED

3. _____ (H) _____ (W) _____ (C)

Parent Signature _____

Physician Signature _____ Ph # _____