

BEE/INSECT ALLERGY Emergency Action Plan

Student Name	School Year
Birth Date	Grade/Teacher
Parent/Guardian	Phone #
Physician	Physician phone #

CAUTION- YELLOW ZONE!!



LOCAL REACTIONS TO BEE/INSECT BITE OR STING

A local reaction is defined as redness, swelling and itchiness at site of bite or sting

- Wash Area with soap and water
- GIVE ORAL ANTIHISTAMINE

MEDICATION NAME	DOSE	FREQUENCY	ROUTE
•	•	•	•

- Observe student for 15 minutes for a more severe reaction

DO NOT LEAVE STUDENT UNATTENDED!!!

The Severity of Symptoms can quickly change and progress to a Life threatening situation. If this happens follow guidelines below:

DANGER!!- RED ZONE!!!



SEVERE ALLERGIC REACTION—REQUIRES MEDICAL ATTENTION IMMEDIATELY

The symptoms may be any of the following:

- Itching and swelling of the lips, tongue or Mouth
- Itching and or a sense of tightness in the throat, hoarseness and hacking cough
- Hives, itchy rash, and/or swelling about face or extremities
- Nausea, abdominal cramps, vomiting, and/or diarrhea
- Shortness of breath, repetitive coughing and /or wheezing
- Thready pulse, passing out

- Give injection of
 - Epi-pen Jr (0.15mg)
 - Epi-pen (0.3mg)
 - Twinject Jr (0.15mg)
 - Twinject (0.3mg)

Call Parent/Guardian

IF EPIPEN IS GIVEN CALL 911!!!

- I hereby give permission for MTSD trained staff to give the medication to my child according to the directions stated above and further authorize them to contact the child's physician with any concerns regarding medication administration.
- I agree to hold the Mequon-Thiensville School District, Its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I allow the named physician (office) to send by electronic transmission this form to the Mequon-Thiensville School District for the purpose of continuing health care at school.
- I give school staff, including the district designated health care professionals, permission to call me with any concern regarding medication administration
- STUDENTS IN GRADES 6-12 MAY CARRY AND SELF ADMINISTER THEIR EPINEPHRINE AUTO INJECTOR WITH BOTH PHYSICIAN AND PARENT APPROVAL ON THIS FORM

Parent Signature

Date:

LICENSED MEDICAL PROVIDE USE ONLY

Please check the appropriate box and sign below:

This student possesses the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day and on school sponsored activities.

This student DOES NOT possess the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day or school sponsored activities.

Physician Signature

Date

District Nurse Signature

Date

Revised 02/17

District Nurses

Phone # 262-238-5663

edaly@mtsd.k12.wi.us

khoppagrady@mtsd.k12.wi.us

FAX NUMBERS

Wilson 262-238-4662

Lake Shore 262-238-7650

Oriole Lane 262-238-4250

Steffen 262-238-4740

Donges Bay 262-238-7970

Homestead 262-238-5633

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen® Jr Auto-Injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.

After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.



Trusted for over 25 years.



BACK TO SCHOOL WITH SEVERE ALLERGIES CHECKLIST

- 1) Develop an Emergency Allergy Action Plan with your child's physician.
 - a. One has been included with this checklist
 - b. One can be found on the district website at:
 - i. <http://www.mtsd.k12.wi.us/parents/healthforms.cfm>
- 2) Talk to your child's teacher and school nurse about your child's allergy and review the emergency action plan
- 3) Mark all medications with your child's name and drop off at your child's school prior to the first day of school
 - a. Antihistamine
 - b. Epinephrine auto injector
- 4) Find out if your child may carry emergency medication while at school.
 - a. Students in grades 6-12 may carry with the following on file
 - i. Emergency action plan signed by physician and parent

**** IT IS IMPORTANT THAT TEACHERS AND STAFF MEMBERS AT YOUR CHILD'S SCHOOL KNOW YOUR CHILD HAS A SEVERE ALLERGY AND HOW TO MANAGE YOUR CHILD'S ALLERGY AND EMERGENCIES.**

