BEE STING
ALLERGY ACTION PLAN

Student’s Name____________________________ D.O.B.___________ Teachers:___________________________

Allergy To:______________________________________________________________________________________

Asthmatic  Yes*  ☐   No ☐  *Higher risk for severe reaction

STEP 1: Treatment

Symptoms                                           Give Checked Medication**

□ Epinephrine  □ Antihistamine

• If a bee sting has occurred, but no symptoms

□ Epinephrine  □ Antihistamine

• Site of sting  Swelling, redness, itching

□ Epinephrine  □ Antihistamine

• Skin  Itching, tingling, or swelling of lips, tongue, mouth

□ Epinephrine  □ Antihistamine

• Gut  Nausea, abdominal cramps, vomiting, diarrhea

□ Epinephrine  □ Antihistamine

• Throat†  Tightening of throat, hoarseness, hacking cough

□ Epinephrine  □ Antihistamine

• Lung†  Shortness of breath, repetitive coughing, wheezing

□ Epinephrine  □ Antihistamine

• Heart†  Thready pulse, low blood pressure, fainting, pale, blueness

□ Epinephrine  □ Antihistamine

• Mouth  If a bee sting has occurred, but no symptoms

□ Epinephrine  □ Antihistamine

• If reaction is progressing (several of the above areas affected), give

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Antihistamine: give ___________________________________________________________________________________ ______________

□ Epinephrine  □ Antihistamine

Other: give___________________________________________________________________________________________ ______________

□ Epinephrine  □ Antihistamine

STEP 2: Emergency Calls

1. Call 911 (or Rescue Squad:________________________). State that an allergic reaction has been treated, and additional epinephrine may be needed

2. Dr. ______________________________ at _________________________________.

3. Emergency contacts:

   Name / Relationship               1.) __________________________ 2.) ________________

   a. ________________________________

   b. ________________________________

   c. ________________________________

EVEN IF A PARENT / GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent / Guardian Signature ______________________________________ Date ________________

Doctor’s Signature____________________________________________________ Date ________________

(REQUIRED)
EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.
- Hold black tip near outer thigh (always apply to thigh).
- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions

- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:
If symptoms don’t improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

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**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.**