

# School Individual Emergency Health Care Plan

## North Lamar Health Service

Name:

Severe Allergy to: Bee Stings

Class:

If You See This	Do This
<ul style="list-style-type: none"> <li>• Hives</li> <li>• Itchy Skin</li> <li>• Swelling at sting site</li> <li>• Reported or suspected bee sting</li> </ul>	<ul style="list-style-type: none"> <li>• Stay with student</li> <li>• Keep student quite</li> <li>• Page nurse to ex. and state student's name, state bee sting so nurse can bring emergency medication</li> </ul>
<ul style="list-style-type: none"> <li>• Hives spreading over body</li> <li>• Wheezing, difficulty swallowing or breathing</li> <li>• Swelling of face, ears, lips or neck</li> <li>• Tingling/swelling of tongue</li> <li>• Vomiting</li> <li>• Extreme paleness/gray color, clammy skin</li> <li>• Loss of conscientiousness</li> </ul>	<ul style="list-style-type: none"> <li>• Administer Epi-Pen</li> <li>• Call 911 immediately</li> <li>• Call Parent</li> <li>• Tell EMS that Epi-Pen was given</li> </ul>
<p>Directions for use of Epi-Pen</p> <ul style="list-style-type: none"> <li>• Pull off gray cap</li> <li>• Place black tip against outer, halfway between knee and hip</li> <li>• Press firmly until you hear a click</li> <li>• Hold in place for 10 seconds, then remove</li> <li>• Do not return Epi-Pen to holder after use, give to EMS personnel or discard in sharps container</li> </ul>	
Contact 911 School Nurse Ext: Parent:	
Trained/Reviewed	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_