

**Insect Sting Action Allergy Plan
Rose Hill USD 394**

Student's name _____ DOB _____
Allergy to: _____

Step 1: Treatment-please check appropriate treatment boxes

Symptoms:	Give epinephrine	Give antihistamine	Monitor only
If stung but no symptoms			
Itching, tingling, swelling of lips, tongue, mouth			
Hives, itchy rash, swelling of face, extremities			
Nausea, abdominal cramps, vomiting, diarrhea			
Tightening of throat, hoarseness, hacking cough			
Shortness of breath, repetitive cough, wheezing			
Weak or thready pulse, low BP, fainting, pale, blueness			
Other: _____			
If reaction progresses (several of above areas affected)			

Medications to administer

Epinephrine: (circle one) Epi-pen Epi-pen jr. Twinjet 0.3 Twinjet 0.15
(instructions on back)

Antihistamine: _____
Medication/dose/route

Asthmatic: yes _____ no _____

Please list inhalers _____

Step 2: Emergency Calls

1. If epinephrine is administered, 911 should be summoned-state that an allergic reaction has been treated

2. Parent _____ Phone # _____ or _____
Parent _____ Phone # _____ or _____

Emergency contacts:

a. _____ Phone # _____ or _____
b. _____ Phone # _____ or _____

3. Dr. _____ Phone # _____

4. Contact school principal or nurse if reaction occurs on field trip

Parent signature _____ Date _____

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