

# POPE JOHN PAUL II HIGH SCHOOL

181 Rittenhouse Road  
Royersford, PA 19468

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## Emergency Care Plan BEE STING ALLERGY

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_

Asthmatic: \_\_\_ Yes \_\_\_ No (increased risk for severe reaction) Severity of reaction(s): \_\_\_\_\_

Mother: \_\_\_\_\_ MHome #: \_\_\_\_\_ MWork #: \_\_\_\_\_ MCell #: \_\_\_\_\_

Father: \_\_\_\_\_ FHome #: \_\_\_\_\_ FWork #: \_\_\_\_\_ FCell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- . **MOUTH** Itching & swelling of lips, tongue or mouth
- . **THROAT** Itching, rightness in throat, hoarseness, cough
- . **SKIN** Hives, itchy rash, swelling of face and extremities
- . **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- . **LUNG** Shortness of breath, repetitive cough, wheezing
- . **HEART** "Thready pulse", "passing out"

**The severity of symptoms can change quickly  
it is important that treatment is give immediately.**

Student  
Photo

**STAFF MEMBERS INSTRUCTED:** \_\_\_\_\_ Classroom Teacher(s) \_\_\_\_\_ Special Area Teacher(s)  
\_\_\_\_\_ Administration \_\_\_\_\_ Support Staff \_\_\_\_\_ Transportation Staff

**TREATMENT:** Remove stinger if visible, apply ice to area. Rinse contact area with water.

Treatment should be initiated \_\_\_\_\_ with symptoms \_\_\_\_\_ without waiting for symptoms

Benadryl ordered: \_\_\_\_\_ Yes \_\_\_\_\_ No Give \_\_\_\_\_ Benadryl per provider's orders

Call school nurse. Call parent/guardian if off school grounds.

Epinephrine ordered: \_\_\_\_\_ Yes \_\_\_\_\_ No Special instructions: \_\_\_\_\_

**IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT  
AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.**

Preferred Hospital if transported: \_\_\_\_\_

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan: \_\_\_ Medication available on bus \_\_\_ Medication NOT available on bus \_\_\_ Does not ride bus Special instructions: \_\_\_\_\_

Healthcare Provider \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Copy Provided to Parent \_\_\_\_\_ Copy Sent to Healthcare Provider

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_

*This plan is in effect for the current school year and summer school as needed*

*Revised 4/11*