

**PMS Individual Health Care Plan**

**Severe Allergy to: Bee Stings**

**School year: 2016 - 2017**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

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| <b>AVOID:</b> <ul style="list-style-type: none"><li>• trash cans</li><li>• moving if you see a bee</li><li>• flowers/garden</li></ul>  | <b>PREVENTION:</b> <ul style="list-style-type: none"><li>• remove nests asap</li><li>• rinse cans</li><li>• student will know how to use EpiPen</li><li>• teachers will know how to use EpiPen</li><li>• EpiPen will go on all field trips</li></ul> |
| <b>If You See This</b>   | <b>Do This</b>   |
| <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 quiet</li><li>• Call nurse at ext 2291 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 consciousness</li></ul>  | <ul style="list-style-type: none"><li>• Administer Epi-Pen</li><li>• Call 911 immediately</li><li>• Note time</li><li>• Call Parent</li><li>• Tell EMS that Epi-Pen was given</li></ul>  |
| <b>Directions for use of Epi-Pen</b> <ul style="list-style-type: none"><li>• Pull off colored cap</li><li>• Place tip against outer thigh, halfway between knee and hip</li><li>• Press firmly until you hear a click</li><li>• <b>Hold in place for 10 seconds</b>, then remove</li><li>• Do not return Epi Pen to holder after use, give to EMS personnel or discard in sharps container</li></ul> |  |
| EMS: 911<br>School nurse: ext 3010   | Parent Contact Information:<br>Mom:<br><br>Father:<br>Other/Relationship:  |
| Trained/Reviewed use of Epi-Pen:<br>Team Teachers, Special Teachers,<br>Administrators   |  |

Nurse's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_