



Private Preschool
 1200 Clifton Avenue
 Collingdale, PA. 19023
 School # 610-522-2101/Fax # 610-522-9103
 E-mail: Changinglanes@comcast.net

Insect Sting Allergy Action Plan

Student's Name: _____ DOB: _____ Teacher: _____

ALLERGY TO: _____

◆STEP 1: TREATMENT◆

Symptoms:

- If stung by insect but no symptoms:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat* Tightening of throat, hoarseness, hacking cough
- Lung* Shortness of breath, repetitive coughing, wheezing
- Heart* Thready pulse, low blood pressure, fainting, pale, blueness
- Other* _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication••:

•• (to be determined by a physician authorizing treatment)

- Epinephrine Antihistamine
- Epinephrine Antihistamine
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- Epinephrine Antihistamine
- Epinephrine Antihistamine
- Epinephrine Antihistamine

The severity of symptoms can quickly change. *

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg
 (see reverse side for instructions)

Antihistamine: give _____
 medication/dose/route

Other: give _____
 medication/dose/route

◆STEP 2: EMERGENCY CALLS◆

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number _____

3. Call Parents

a. _____ Phone Number(s) _____

b. _____ Phone Number(s) _____

4. Emergency contacts: (name/relationship)

_____ Phone Number _____

Parent/Guardian Signature _____ Date _____


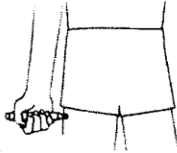
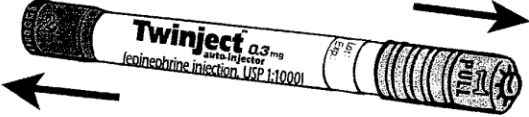


Physician's Signature _____ Date _____

(Physician signature required)

TRAINED STAFF MEMBERS

Other than school nurse

1. _____
2. _____
3. _____

<p>EpiPen® and EpiPen® Jr. Directions</p> <ul style="list-style-type: none">▪ Pull off gray activation cap.  <ul style="list-style-type: none">▪ Hold black tip near outer thigh (always apply to thigh).  <ul style="list-style-type: none">▪ 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.	<p>Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions</p>  <ul style="list-style-type: none">▪ 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. <p>SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none">▪ Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.  <ul style="list-style-type: none">▪ Slide yellow or orange collar off plunger.▪ Put needle into thigh through skin, push plunger down all the way, and remove. 
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I understand that it is the parent's/guardian's responsibility to provide the school with any medication listed in this plan to treat an allergic reaction.

I give my permission for this information to be shared with any employee of Avon Community School Corporation thought necessary by the school nurse.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Print _____ Date _____