

INSECT STING HEALTH ACTION PLAN

School Year: _____

Student Name		Grade	
Teacher		Grad Year	

Emergency Contact Information:

(Please provide, in order, where to call in an emergency during the school day)

	Name	Number	Cell/Work/Home	Relationship
1				
2				
3				
4				

School Nurses: 920-892-5100 Anne Nelson, RN (Grades 4K - 5)
 Jeanna Rortvedt, RN (Grades 6 - 12)

1. Symptoms during a severe allergic reaction (check all that apply):

- Hives / rash Chest Tightness Swelling of the: _____
 Itching Difficulty Breathing Nausea/Vomiting
 Cough Flushed face Abdominal pain
 Dizziness Drooling Other symptoms: _____

2. EpiPen required?

- Yes No

3. Where will the EpiPen be kept?

- Health Rm / Office Backpack Home Other or N/A: _____

4. Additional information or instructions:

Student Name: _____

EMERGENCY ACTION PLAN

- GIVE antihistamine** (Medication Name & Dosage) _____ **IF STUNG**
- GIVE EPIPEN** _____
- IF STUNG** **ONLY IF SYMPTOMS OF ANAPHYLAXIS**

HOW TO ADMINISTER EPIPEN: Pull off safety cap. Push gently against the middle of outer thigh until click, hold in place 2-5 seconds.

Note: A Medication Authorization Form needs to be filled out and signed by a doctor annually.

MILD REACTION

[If you see this]	[Do this immediately]
➤ Localized rash or redness	➤ Have student come to office/health room with an escort
➤ Itchy	➤ GIVE antihistamine (see above) and locate EpiPen
➤ Mild localized swelling	➤ Monitor for 20-30 minutes
	➤ Call parent / guardian

SEVERE ALLERGIC REACTION / ANAPHYLAXIS

[If you see this]	[Do this immediately]
➤ MOUTH: Itching, tingling or swelling of the lips, tongue or mouth	➤ GIVE EpiPen (Use stock if needed)
➤ THROAT: Itching or tightening in the throat, hoarseness, hacking cough	➤ Call a Medical Emergency and 911
➤ SKIN: Hives, itchy rash, swelling of face, arm, legs	➤ May repeat EpiPen in 5-20 min
➤ GUT: Nausea, abdominal cramps, vomiting, diarrhea	➤ Call parent / guardian
➤ LUNG: Shortness of breath, repetitive coughing, wheezing	➤ Notify school nurse and principal
➤ HEART: Weak or irregular pulse, low blood pressure, faintness, pale, blue	➤ Complete accident/incident report and MERT report, if called

This Individual Health Action Plan will be used in an emergency.

This information may be shared with the classroom teachers, administrators, aides, bus drivers and other appropriate personnel with a need to know.

Memo of understanding:

- It is understood that a Health Action Plan will be completed and signed annually
- It is understood that emergency medication will be provided at school
- It is understood that the school nurse will be notified of any changes in the health plan

Parent / Guardian Signature: _____ Date: _____