



Burnt Hills-Ballston Lake Central Schools

EMERGENCY CARE PLAN- VENOM/ Bee & Wasp Bites

SYMPTOMS OF AN ALLERGIC REACTION may include any/ all of the following:

- MOUTH Itching/ swelling of lips, tongue, or mouth; 'feels' hot;
- THROAT Itching tightness in throat, hoarseness, cough;
- SKIN Hives, itchy rash, swelling of face and/or extremities;
- STOMACH Nausea, abdominal cramps, vomiting, diarrhea;
- LUNG Shortness of Breath, repetitive cough, wheezing;
- HEART Weak 'thready' pulse, feeling faint/ passing out;

Student: _____ Grade _____ DoB _____

ALLERGENS/ Venom types _____ Asthmatic: Yes _____ No _____

Mother/ Guardian: _____ Home # _____ Work/ Cell # _____

Father/ Guardian: _____ Home # _____ Work/ Cell # _____

Other: _____ Relationship _____ Phone # _____

Severity of symptoms can change quickly so it is important that treatment is given immediately !

TREATMENT: Remove stinger, apply ice if able;

Benadryl (Diphenhydramine) Ordered? YES No (only to be given if able to swallow)

25mg tab give _____ tabs PO

12.5mg (chew) tabs give _____ tabs PO

12.5mg/5 ml give _____ mls PO

To be given: with symptoms without waiting for symptoms

Epinephrine Ordered? YES NO Dose: 0.3 mg IM 0.15 mg

IM

To be given: with symptoms without waiting for symptoms

ADMINISTER MEDICATION AS ORDERED AND CALL 911 !!

Preferred hospital if transported: _____

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

The student should be permitted to carry their medication on their person, or leave in a locker, as we consider them responsible. He/ she has been instructed in the use of their medication. *

The medication should be kept in the school nurse's office * (*Both may be checked as needed)

Healthcare Provider : _____ School Year: _____

Providers Signature: _____ Date: _____



Burnt Hills-Ballston Lake Central Schools

EMERGENCY CARE PLAN- VENOM/ Bee & Wasp Bites

Plan Written by: _____ if
provider orders not on ECP. Parent/ Guardian

_____ Date:

for permission to share plan with staff as needed.