



# Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800

[www.loomis-usd.k12.ca.us](http://www.loomis-usd.k12.ca.us)

*Building Excellence in Education since 1856*

Gordon T. Medd, Superintendent

Insert Student  
Picture Here

## EMERGENCY HEALTH CARE PLAN Bee Sting Allergy

<b>Student Name:</b>	<b>Birthdate:</b>
<b>School Name/Phone Number:</b>	<b>Grade/Teacher:</b>
<b>Is the Student Asthmatic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, student is at higher risk for severe reaction	
<b>Known Reactions:</b> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown Reaction	

### Bee Sting Allergy Information:

If student is stung and/or has mild to severe symptoms, follow directions below.

**Note:** The severity of symptoms can change quickly. All symptoms listed below can potentially progress into a life threatening situation! Always stay with the student and contact the school office for assistance.

Treatment			
<input type="checkbox"/> Remove Stinger if visible <input type="checkbox"/> Apply ice to area <input type="checkbox"/> Rinse sting area with water			
<b>Symptoms:</b>		<b>Give Checked Medication</b> (as determined by physician authorizing treatment)	
If stung by a bee, but <i>no</i> symptoms:		<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Mouth:</b> Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Skin:</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Gut:</b> Nausea, Abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Throat:</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Lung:</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Heart:</b> Weak or thread pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
	<b>Other/Combination:</b> a combination of symptoms or other symptoms identified.	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

Medications/Dosage
Student may carry Medication <input type="checkbox"/> Yes <input type="checkbox"/> No
Student may self-administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No
Epinephrine <ul style="list-style-type: none"> <li>○ Brand:</li> <li>○ Dosage:</li> </ul>
Antihistamine <ul style="list-style-type: none"> <li>○ Brand:</li> <li>○ Dosage:</li> <li>○ Route:</li> </ul>
Other Medications <ul style="list-style-type: none"> <li>○ Brand:</li> <li>○ Dosage:</li> <li>○ Route:</li> </ul>
Location of Medications at School

Monitoring
<b>Stay with Student; Alert School Nurse, Healthcare Professionals and Parent.</b>
Tell Emergency technicians that Epinephrine was given.
Note time Epinephrine (or any other medications including Albuterol or Benadryl) was administered.
A second dose of Epinephrine can be given 5 minutes or more after the first dose if symptoms persist or recur.
For a severe reaction, consider keeping student lying on back with legs raised.
Treat student even if parent/guardian cannot be reached.

Emergency Contact Information		
Parent/Guardian:	Phone:	Relationship:
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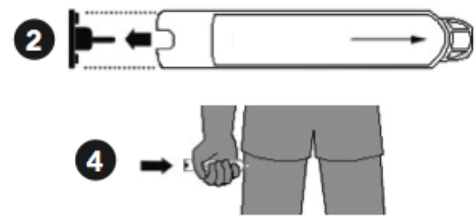
Nurse Comments

Consent/Signatures	
Parent/Guardian:	Date:
Physician/Healthcare provider:	Date:
LUSD School Nurse:	Date:

## Directions

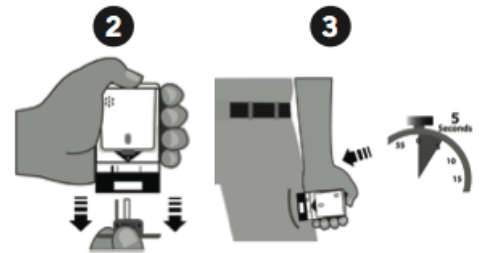
### EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



### AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



### ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

## Emergency Information

Call 911  
99-911 (from school phone)

Loomis Fire Department: 916-791-3070 (station 20)

EMS Dispatch (from cell phone): (530) 886-5375

## Site Staff Members Trained in Epinephrine Administration

<input type="checkbox"/> <b>Franklin Elementary</b> Phone: (916) 652-1818 Fax: (916) 652-1821	<input type="checkbox"/> <b>Loomis Grammar</b> Phone: (916) 652-1824 Fax: (916) 652-1826	<input type="checkbox"/> <b>Placer Elementary</b> Phone: (916) 652-1830 Fax: (916) 652-1832	<input type="checkbox"/> <b>H. C. Powers Elementary</b> Phone: (916) 652-2635 Fax: (916) 652-2679
<input type="checkbox"/> <b>Penryn Elementary</b> Phone: (916) 663-3993 Fax: (916) 663-2127	<input type="checkbox"/> <b>Ophir Elementary</b> Phone: (530) 855-3495 Fax: (530) 823-9101	<input type="checkbox"/> <b>Loomis Basin Charter</b> Phone: (916) 652-2642 Fax: (916) 652-1822	<input type="checkbox"/> <b>Loomis Union School District Office</b> Phone: (916) 652-1800 Fax: (916) 652-1809