



MABANK ISD HEALTH SERVICES

310 E. Market St · Mabank, Texas 75147
 903-880-1688 · Fax: 903-880-1323

MABANK ISD HEALTH SERVICES Insect Sting Allergy Action Plan

<u>Date</u>	<u>Student Name</u>	<u>Student Grade/Teacher</u>	<u>Allergy</u>
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STEP 1: TREATMENT

<u>Symptoms</u>	<u>Give Checked Medication (to be determined by a Physician authorizing treatment)</u>
If stung by insect but no symptoms	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Mouth: itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Skin: hives, itchy rash, swelling of face and extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Gut: nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Throat: tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Lung: Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Heart: thread pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Other:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPenJr Twinject 0.3mg Twinject 0.15mg

Antihistamine: Give _____

Other: Give: _____

STEP 2: EMERGENCY CALLS

1. Call 911. State than an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Parent/Guardian
 - a. _____ Phone Number(s) _____
 - b. _____ Phone Number(s) _____
3. Additional Emergency Contacts: (name/relationship) _____
 _____ Phone Number(s) _____

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Statement of Non-Discrimination

Mabank Independent School District does not discriminate on the basis of race, color, national origin, age, sex, or disability in its employment, practices, activities and programs.
 El distrito independiente de la escuela de Mabank no discrimina de la raza, del color, del origen nacional, de la edad, del sexo, or de la inhabilidad en su empico, prácticas, actividades y programas.



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