

INSECT BITE ALLERGY ACTION PLAN

ALLERGY TO: _____

Student's Name _____ DOB: _____ Teacher: _____

Asthmatic: Yes ___ No ___ *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems:

Symptoms:

MOUTH
THROAT*

Itching & swelling of the lips, tongue, or mouth
Itching &/or a sense of tightness in the throat, hoarseness and
hacking. Cough

SKIN
GUT

Hives, itching rash, &/or swelling about the face or extremities
Nausea, abdominal cramps, vomiting, &/or diarrhea

LUNG*
HEART*

Shortness of breath, repetitive coughing, &/or wheezing
"Thready" pulse, "passing out"

The severity of symptoms can quickly change. * All above symptoms can potentially progress to a life-threatening situation.

1. If only symptom(s) are: _____, give _____
Medication/dosage/route

Then call:

2. Mother _____, Father _____, or emergency contacts.

3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction, below:

ACTION FOR MAJOR REACTION

1. If insect bite is suspected and/or symptom(s) are: _____
give _____ IMMEDIATELY!
Medication/dosage/route

Then call:

2. Rescue squad (ask for advanced life support)

3. Mother _____, Father _____, or emergency contacts.

4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD! 911

Parent's signature _____ Date _____

Doctor's signature _____ Date _____