

**Medford School District 549C**

815 S. Oakdale Avenue  
Medford, Oregon 97501



**Standard Health Care Plan for Allergic Reaction to Insect Sting**

Nursing Diagnoses: Ineffective Airway, Impaired Oxygen Saturation

Symptom	Action
<ul style="list-style-type: none"> <li>• Redness and swelling at the site of the sting.</li> <li>• Pain at site of sting.</li> </ul>	<ol style="list-style-type: none"> <li>1. Remove stinger if possible.</li> <li>2. Wash site.</li> <li>3. Apply ice pack.</li> <li>4. Notify parent.</li> <li>5. Notify nurse and school health office personnel.</li> <li>6. Monitor student for at least 30 minutes.</li> </ol>
<ul style="list-style-type: none"> <li>• Redness and swelling progressing past area of sting.</li> </ul>	<ol style="list-style-type: none"> <li>1. Monitor student for at least one hour.</li> <li>2. Notify parent and nurse.</li> </ol>

**Call 911 if:**

Symptom	Action
<p>If student has <u>one or more</u> of the following:</p> <ul style="list-style-type: none"> <li>• Shortness of breath</li> <li>• Wheeze (musical sound when breathing)</li> <li>• Repetitive cough</li> <li>• Paleness</li> <li>• Blue color</li> <li>• Fainting</li> <li>• Weak pulse</li> <li>• Dizzy</li> <li>• Confused</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing/swallowing</li> <li>• Swelling of the tongue or lips</li> <li>• Many hives all over body</li> </ul> <p>If a student <u>has a combination</u> of symptoms from different body areas:</p> <ul style="list-style-type: none"> <li>• Hives with mouth or eye swelling</li> <li>• Vomiting, crampy pain</li> </ul> <p><u>Any SEVERE SYMPTOM</u> after suspected or known insect sting.</p>	<ol style="list-style-type: none"> <li>1. Inject Epi-pen immediately and note time.</li> <li>2. Call 911.</li> <li>3. Give over the counter antihistamine if available and student can swallow.</li> <li>4. Give Rescue inhaler if available.</li> <li>5. Notify parent.</li> <li>6. Notify school health office personnel and nurse.</li> <li>7. Monitor student</li> <li>8. Have student lie on back with legs elevated if it doesn't obstruct breathing.</li> <li>9. Repeat Epi-pen injection 5 minutes after 1<sup>st</sup> injection if no improvement and EMS has not arrived.</li> <li>10. Perform CPR if student stops breathing or if heart stops beating.</li> </ol>

Medications must be provided by parents and require a signed *Medication Administration Permission Form*. The school cannot supply medications. Students may carry their inhalers or Epi-pen with a signed parent's permission form. Inhalers must be brought to school with a current pharmacy label.

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### Individualized Health Care Plan—Insect Sting

If you would like to develop an *Individualized Health Care Plan* for your student, please fill out the information below with signature and return to the school office. If an *Individualized Health Care Plan* is not returned to school, the *Standard Health Care Plan* will be in effect.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_ Date of Birth \_\_\_\_\_ Bus/Walk \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

<b>My child has an Allergy to the following insects:</b>	
<b>Date of the last Reaction:</b>	
<b>Circle the symptoms your child shows when having a reaction to insect venom.</b>	<b>Mouth:</b> Itching, tingling, or swelling of lips, tongue, mouth <b>Skin:</b> Hives, itchy rash, swelling of the face or extremities <b>Gut:</b> Nausea, abdominal cramps, vomiting, diarrhea <b>Throat:</b> Tightening of throat, hoarseness, hacking cough <b>Lung:</b> Shortness of breath, repetitive coughing, wheezing <b>Heart:</b> Weak pulse, low blood pressure, fainting, pale, blueness
<b>In the event my child has a Insect Allergy, do the following:</b> (Place a check next to the appropriate direction)	<input type="checkbox"/> Call me. <input type="checkbox"/> Administer antihistamine provided by Parent. (All medications require a <i>Medication Administration Permission Form</i> ) <input type="checkbox"/> Administer Epinephrine (Epi-Pen). Parent to provide Epi-pen. <input type="checkbox"/> Have student self administer Epi-Pen. <input type="checkbox"/> Call 911 and transport to ER.
<b>My child has an Epinephrine prescription (Epi-Pen). The location of the Epi-Pen will be:</b>	<input type="checkbox"/> In the school office (requires signed consent form by parent). <input type="checkbox"/> Student will carry on person (requires signed consent by parent). (All medications require a <i>Medication Administration Permission Form</i> )
<b>Special considerations and precautions (regarding school activities, sports, field trips, transportation/bus etc.):</b>	

I give permission to the school nurse and other properly trained and authorized staff members of the Medford 549C School District to perform the tasks as outlined by my child’s Individualized Healthcare Plan. I also consent to the release of the information pertaining to my child’s care to staff members and those who may need to know this information to maintain my child’s health and safety during the school day. **It is the parent’s responsibility to provide medications.** If the health condition listed has changed I will inform my child’s school or school nurse. This health care plan will be in effect while my student attends MSD.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_