

Policy #715 – Attachment A

**Protocol for Treatment of Symptoms of Anaphylaxis -
Epinephrine Autoinjector Administration by School Health
Professionals and Trained Personnel**

Adopted from the National Association of School Nurses

For School Age Children – Pre-Kindergarten - Grade 12

ARE SIGNS AND SYMPTOMS OF POSSIBLE ANAPHYLAXIS PRESENT AND WAS THERE AN EXPOSURE TO A POSSIBLE TRIGGER? (food, insect sting, latex, medication or other trigger). Have someone else contact the school nurse immediately. Stay with the student and administer epinephrine if needed.

If YES (symptoms are present), proceed with this protocol.

If the student has an **Emergency Care Plan**, follow the plan immediately.

<u>Are any of these signs and symptoms present and severe?</u>	<u>Or is there a COMBINATION of symptoms from different body areas?</u>
	SKIN: Hives, itchy rashes, swelling (eyes, lips)
LUNG: Short of breath, wheeze, repetitive cough	GUT: Vomiting, cramping pain, diarrhea
HEART: Pale, blue, faint, weak pulse, dizzy, confused	HEENT: Runny nose, sneezing, swollen eyes, phlegmy throat
THROAT: Tight, hoarse, trouble breathing/swallowing	OTHER: Confusion, agitation, feeling of impending doom
MOUTH: Obstructive swelling (tongue and/or lips)	If YES, quickly follow the protocol below:
SKIN: Hives over body	If No, see Signs, Symptoms & Triggers

DO NOT DELAY TREATING ANAPHYLAXIS. When in doubt, give epinephrine. Contact the School Nurse immediately.

Treating anaphylaxis in the first few minutes can save a life. Not all anaphylaxis has skin symptoms.

Follow the building emergency response plan/protocol and:

1. IMMEDIATELY ADMINISTER EPINEPHRINE AUTO-INJECTOR PER STANDING ORDER:

- 0.15 mg - body weight less than 55 pounds (*see reverse page if weight unknown*)
- 0.3 mg - body weight 55 pounds or more
- Inject into middle outer side of upper leg, note time and site of injection
- *Stay with student and monitor closely*

2. Designate a person to call Emergency Medical System (911) and request ambulance with epinephrine

3. Designate a person to notify, school administration and student's emergency contact(s)

4. Stay with and observe student until EMS (ambulance) arrives.

- Maintain airway, monitor circulation, start CPR as necessary.
- Do not have the student rise to an upright position.
- Consider lying on the back with legs elevated, but alternative positioning is needed for vomiting (side lying, head to side) or difficulty breathing (sitting).
- Observe for changes until EMS arrives.

5. IF NO IMPROVEMENT OR IF SYMPTOMS WORSEN IN ABOUT 5 OR MORE MINUTES, ADMINISTER A

SECOND EPINEPHRINE DOSE

- Provide EMS with identifying information, observed signs and symptoms, time epinephrine administered, used epinephrine auto-injector to take with to the hospital
- **Transport to the Emergency Department via EMS even if symptoms seem to get better.**
Students should always be transported to the hospital following administration of epinephrine. They are at risk for a secondary or biphasic reaction which may require immediate treatment (as many as 1/3 of children will experience a secondary reaction).

After an emergency event:

- Make sure parents/guardians are notified. Follow up with family - evaluate plan.
- In the case of the student with known history, discuss how exposure occurred and if new allergen avoidance measures are needed. For students with no previous history of anaphylaxis, consider developing an IHP in collaboration with the PCP for possible future occurrences.
- Complete documentation per district policy.
- Make sure replacement epinephrine autoinjector is obtained.
- Review response and emergency communication, update as needed to improve outcomes.