

## District Letterhead

# Anaphylaxis Treatment Procedure/Protocols

For use in Public Schools for persons *without* individual physician written orders

### DEFINITION:

Anaphylaxis is a sudden, severe, potentially fatal, systemic allergic reaction that can involve various areas of the body such as skin, respiratory tract, gastrointestinal tract and the cardiovascular system. Onset may be sudden, generally within minutes to two hours after contact with the allergy-causing substance, but may occur up to four hours after contact. Allergic reactions may be mild to life threatening. While anyone may experience anaphylaxis, individuals with asthma, eczema or hay fever are at greater relative risk. Patients with asthma are those most at risk for life-threatening anaphylaxis events. **Severe, even fatal reactions can occur in previously unidentified individuals.**

### RECOMMENDATIONS:

- It is recommended that at least two (2) epinephrine auto-injectors be available in schools for anaphylaxis emergencies.
- All epinephrine auto-injectors should be stored according to manufacturer's directions to maintain effectiveness and in a **clearly labeled, easily accessible cabinet**. Each district should determine whether this cabinet should be locked or not.
- An epinephrine auto-injector should be considered for first aid kits for field trips and/or school events.
- Expiration dates on epinephrine auto-injectors should be monitored and documented on an appropriate log. The shelf-life of an epinephrine auto-injector is approximately one to one and one half years. The fluid should be clear and colorless. Discard if the fluid has turned brown or is cloudy.
- All individuals receiving emergency epinephrine should have 911 summoned immediately even if symptoms appear to have resolved.

### PERSONNEL:

- The school nurse (or qualified supervisor of health, *Education Code sections 44871-44878*) assigns, monitors, and supervises the annual training of unlicensed personnel in the administration of epinephrine auto-injectors for allergic, life threatening emergencies.
- It is recommended that designated staff that are trained to administer the epinephrine auto-injectors should have current cardiopulmonary resuscitation (CPR) certification.
- Designated and trained school personnel serve under the direct or indirect supervision of the credentialed school nurse (or other qualified supervisor of health).

<u>COMMON CAUSES OF ANAPHYLAXIS</u>	<u>LESS COMMON CAUSES OF ANAPHYLAXIS</u>
<ul style="list-style-type: none"><li>• Food</li><li>• Insect Stings</li><li>• Medication</li><li>• Latex</li></ul>	<ul style="list-style-type: none"><li>• <b>Food-dependent exercise induced anaphylaxis</b> – rare, occurs when an individual eats a specific food and exercises within three to four hours after eating.</li><li>• <b>Idiopathic anaphylaxis</b> – unknown cause</li></ul>

**ANAPHYLACTIC SYMPTOMS** (Sudden onset or progression over a few hours. May include any or many of the following:

- Tingling sensation, itching, or metallic taste in mouth.
- Hives or generalized flushing, itching, or redness of the skin.
- Nasal congestion or wheezing (asthma-like symptoms).
- Swelling of the throat, lips, tongue and around the eyes.
- Feeling of apprehension, agitation, sweating, weakness or shock.
- Abdominal cramping, nausea, vomiting or diarrhea.

**IF ANY OF THE FOLLOWING SYMPTOMS OCCUR, ADMINISTER EPINEPHRINE AUTO-INJECTOR AND CALL 911 IMMEDIATELY.**

- **Difficulty breathing or wheezing;**
- **Difficulty swallowing, swelling of the throat, throat tightness or voice changes;**
- **Fainting or loss of consciousness, shock or drop in blood pressure;**
- **Convulsions**

## MANAGEMENT OF ANAPHYLAXIS

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
<p><b>1. Determine if anaphylaxis has occurred.</b></p> <p>(If suspected, treat as anaphylaxis)</p> <p>➤ If anaphylaxis symptoms occur, get epinephrine auto-injector. <b>SECONDS COUNT!</b> Direct someone to activate the emergency medical system (EMS) 911.</p>	<p>1. Anaphylaxis usually occurs right after an insect sting, injection of medication or ingestion of foods, such as peanuts, nuts, fish, eggs or milk. <b>(Any food could potentially cause a reaction).</b></p> <p>➤ Stay with the victim. Get or direct someone to get epinephrine auto injector.</p> <p>➤ Have others notify EMS, school nurse, parents and school administrator immediately.</p>
<p><b>2. Have the victim sit down.</b></p> <p><b>Calm and reassure the victim.</b></p>	<p>2. Avoid moving the victim. Calming reduces the distribution of the allergen in the body.</p>
<p><b>3. Prepare to administer the epinephrine auto-injector</b></p> <p>Under 66 lbs., use 0.15 mg</p> <p>Over 66 lbs., use 0.3 mg</p>	<p>3. The epinephrine auto-injector acts immediately, so do not delay in administering. <b>Make sure 911 has been called.</b></p>
<p><b>4. Epinephrine Auto-Injector Administration Procedure:</b></p> <p>a. Pull off the safety cap</p> <p>b. Firmly push into the <b>OUTER THIGH</b></p> <p>c. You will feel or hear a sound</p> <p>d. Hold in place for 5-10 seconds and then remove</p> <p>e. Call 911 if not previously called</p>	<p>4. The epinephrine auto-injector can be injected through the clothing if removing the clothing is not possible or will significantly delay treatment. After receiving epinephrine, the victim may feel his/her heart pounding. This is a normal reaction to the medication.</p>
<p><b>5. NOTE: If the anaphylactic reaction is due to an insect sting, remove the stinger ASAP <u>after</u> administering the epinephrine auto-injector.</b></p> <p>➤ Apply an ice pack to the sting area</p>	<p>5. Remove the stinger quickly by scraping with a fingernail or plastic card.</p> <p>➤ Do NOT push, pinch or squeeze or further imbed the stinger into the skin. This may cause more venom to be injected into the victim.</p>
<p><b>6. Monitor the airway and breathing. Observe for signs of shock.</b></p>	<p><b>6. If breathing stops BEGIN CPR IMMEDIATELY.</b></p> <p>➤ Maintain the victim's body temperature. Cover the victim with a blanket if needed.</p>
<p><b>7. Have someone make a copy of emergency card for paramedics. Give expended epinephrine auto-injector to paramedics.</b></p>	<p>7. When paramedics arrive, give a factual report about the incident, including the time the epinephrine auto-injector was administered.</p>
<p><b>8. If symptoms continue or reoccur and the paramedics to no arrive, re-inject the victim with a new epinephrine auto-injector 5-15 minutes after the initial injection.</b></p>	<p>8. Continue to monitor the airway and the victim's breathing.</p>
<p><b>9. Follow-up medical care should be obtained immediately in an emergency room.</b></p>	<p>9. A second delayed (bi-phasic) reaction may occur up to six hours after the initial anaphylaxis.</p>
<p><b>10. Document the incident, date and time the epinephrine auto-injector was administered, the victim's response and additional pertinent information</b></p>	<p>10. Complete any appropriate paperwork. Make sure school nurse or other qualified supervisor of health is notified if not present.</p>
<b>FOLLOW-UP</b>	
<p>➤ Refer ALL anaphylaxis cases to the victim's physician</p> <p>➤ Recommend that the parent discuss with physician about avoiding triggers and prescribing an epinephrine auto-injector.</p> <p>➤ Complete the required documentation</p>	

### Standing Anaphylaxis Treatment Procedure Approvals

*Robert L. Oldham, M.D.*

Physician Name

*See Epinephrine Standing Order Protocol*

Physician Signature

Date

School District

School Nurse/Supervisor of Health Signature

Administrator Signature