

Administrative Procedures Policy #600-44

Introduction:

Anaphylaxis is a sudden, severe, rapidly progressive, potentially life-threatening allergic reaction that affects multiple organ systems of the body at the same time. Anaphylaxis require immediate medical attention as it can be fatal if not reversed within seconds or minutes of coming in contact with the allergen. Allergens such as insect stings or bites, foods (such as milk, egg, peanut, tree nuts, fish, shellfish, wheat, and soy), latex, medications and other allergens are common causes of anaphylaxis, but it may also be idiopathic or exercised-induced. Anaphylaxis usually occurs immediately (seconds or minutes) but also may occur several hours after allergen exposure. Symptoms progress rapidly, making it a medical emergency.

General Guidelines:

Each first aid back-up and at least one teacher on certain field trips should be trained at least annually by the school nurse to recognize an anaphylactic reaction and to administer the epinephrine auto-injector.

For students with a history of anaphylaxis, the school nurse should give the prescribed epinephrine auto-injectors to the trained staff member chaperoning a field trip so that the written order from the student's health care provider can be followed.

Under this standing order, trained licensed and unlicensed staff serving as the first aid back-up in the absence of a school nurse and/or chaperoning certain field trips should administer the epinephrine auto-injector, if available, to a student with no history of anaphylaxis who is exhibiting signs and symptoms of an anaphylactic reaction.

Purpose:

1. If a student exhibits signs and symptoms of anaphylaxis, administer the epinephrine auto-injector.

Signs and symptoms of anaphylaxis include one or more of the following:

- **Mouth/Throat:** Progressive itching, tingling or swelling of lips, tongue, or mouth; blue/grey color of lips; tightness in throat; hoarseness; hacking cough; difficulty swallowing.

- **Nose/Eyes/Ears:** Runny; itchy nose; redness and/or swelling of eyes; throbbing in ears.
- **Lungs:** Shortness of breath; wheezing; short, frequent, shallow cough; difficulty breathing.
- **Heart:** Thready or unobtainable pulse; low blood pressure; rapid pulse; palpitations, fainting; dizziness; pale, blue or gray color of lips or nail beds.
- **Mouth:** Swelling of the tongue, lips, or face; drooling or difficulty swallowing.
- **Skin:** paleness, hives, flushed, or blue grey discoloration; swelling of face or extremities; tingling.
- **Gastrointestinal (GI):** Nausea, abdominal cramps, vomiting, diarrhea.
- **Mental:** Uneasiness; agitation; unconsciousness.
- **Other:** Any other symptom specific to an individual's response to a specific allergen.

Anaphylaxis symptoms develop suddenly (within minutes) and are often accompanied by a generalized rash and feeling of impending doom.

2. Select the appropriate epinephrine auto-injector and administer intramuscularly:
 Under 66 pounds, use the epinephrine auto-injector Junior (0.15mg)
 Over 66 pounds, use the epinephrine auto-injector Senior (0.3 mg)

Directions for administering auto injector:

- *Form fist around unit with orange tip down.*
 - *Pull off the blue safety release.*
 - *Place orange tip on thigh at right angle to leg. Always give in the antero-lateral aspect of the thigh (outside of the mid-thigh). (May also be administered thru clothing).*
 - *Press firmly into thigh until auto-injector mechanism clicks, and hold in place for 10 seconds.*
 - *Remove the injector.*
 - *Massage the injection area for 10 seconds.*
 - *Used injector may be given to EMS for disposal.*
3. Activate EMS. Notify dispatcher that this is an anaphylactic reaction. Notify the parent and school nurse/administrator.
 4. Stay with the student and observe for breathing circulation, begin CPR as necessary.

5. Assist student to a comfortable position with legs elevated and loosen clothing.
6. Have another staff member record time epinephrine auto-injector was given.
7. Notify school nurse/administrator when student has been transported to hospital and the name of the hospital.
8. Complete state form.

This policy and procedure shall remain in effect for all patients (students) of the Somerset County Public Schools until rescinded.

Maryland State Department of Education (MSDE) – School Health Services Form
Report of Anaphylactic Reaction/Epinephrine Administration

Demographics and Health History

1. School District: _____ Name of School: _____
2. Type of Person: Student Other _____ Age: _____ Gender: M F Ethnicity: Hispanic/Latino Yes No
3. Race/Ethnicity: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White Other
4. History of allergy: Yes No Unknown If known, specify type of allergy: _____
- If yes, was allergy action plan available? Yes No Unknown History of anaphylaxis: Yes No Unknown
- Previous epinephrine use: Yes No Unknown Diagnosis/History of asthma: Yes No Unknown

School Plans and Medical Orders

5. Does student have an Individual Health Plan (IHP)/Emergency Plan (EP) in place? Yes No Unknown
6. Does the student have a student specific order for epinephrine? Yes No Unknown

Epinephrine Administration Incident Reporting

7. Date/Time of occurrence: _____ Vital signs: BP _____/_____ Temp _____ Pulse _____ Respiration _____
8. If known, specify trigger(s)/exposure that precipitated or may have precipitated this allergic episode:
 Food Insect Sting Exercise Medication Latex Other (specify) _____ Unknown
- If food was a trigger, please specify which food _____
- Please check: Ingested Touched Inhaled Other (specify) _____
9. Did reaction begin prior to school? Yes No Unknown
10. Location where symptoms developed:
 Classroom Cafeteria Health Office Playground Bus Other (specify) _____
11. How did exposure occur?

12. Symptoms: (Check all that apply)

- | <u>Respiratory</u> | <u>GI</u> | <u>Skin</u> | <u>Cardiac/Vascular</u> | <u>Other</u> |
|--|--|---|---|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Abdominal discomfort | <input type="checkbox"/> Localized swelling | <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Profuse sweating |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Flushing | <input type="checkbox"/> Cyanosis | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> General itching | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Nasal congestion/runny nose | <input type="checkbox"/> Oral itching | <input type="checkbox"/> General rash | <input type="checkbox"/> Faint/Weak pulse | <input type="checkbox"/> Metallic taste |
| <input type="checkbox"/> Swollen (throat, tongue) | <input type="checkbox"/> Nausea | <input type="checkbox"/> Hives | <input type="checkbox"/> Headache | <input type="checkbox"/> Red eyes |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Lip swelling | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Stridor | | <input type="checkbox"/> Localized rash | <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Uterine cramping |
| <input type="checkbox"/> Tightness (chest, throat) | | <input type="checkbox"/> Pale | (rapid heart rate) | |
| <input type="checkbox"/> Wheezing | | | | |

Maryland State Department of Education (MSDE) – School Health Services Form

Report of Anaphylactic Reaction/Epinephrine Administration

13. Location where epinephrine administered: Health Office Other (specify) _____

14. Location of epinephrine storage: Health Office Other (specify) _____

15. Epinephrine administered by: RN LPN Self Other (specify) _____ Time: _____

Dose of epinephrine administered: 0.15 mg 0.30 mg

Source of Epinephrine: student provided stock epinephrine Other Unknown

16. Parent/guardian notified of epinephrine administration: Yes No Time: _____

By whom: _____

17. Was a second dose of auto injectable epinephrine required due to a biphasic reaction (i.e. reoccurring/worsening of anaphylactic symptoms)?
 Yes No Unknown

If yes, was the dose administered at the school prior to Emergency Medical Systems (EMS) arrival? Yes No Unknown

Approximate time between the first and second dose _____

Disposition

18. EMS notified at: (time) _____ By whom: _____

Transferred to hospital emergency department: Yes No If "No," provide reason: _____

If yes, transferred via Ambulance Parent/Guardian Other

19. Outcome: _____

School Follow-up (To be completed by School Nurse)

20. Were parents/guardians advised to follow up with student's primary care provider? Yes No

21. Were arrangements made to restock auto injectable epinephrine? Yes No

22. Notes: _____

23. Form completed by: _____ Date: _____

(Please print)

Signature: _____ Title: _____

Phone number: (____) _____ - _____ Ext.: _____

School address: _____

Submit completed form to:

Maryland State Department of Education, School Health Services Section
Attention: Alicia Mezu, MSN/Ed, RN or Mary Jo Harris, MS, RN
Fax: (410) 333-8148