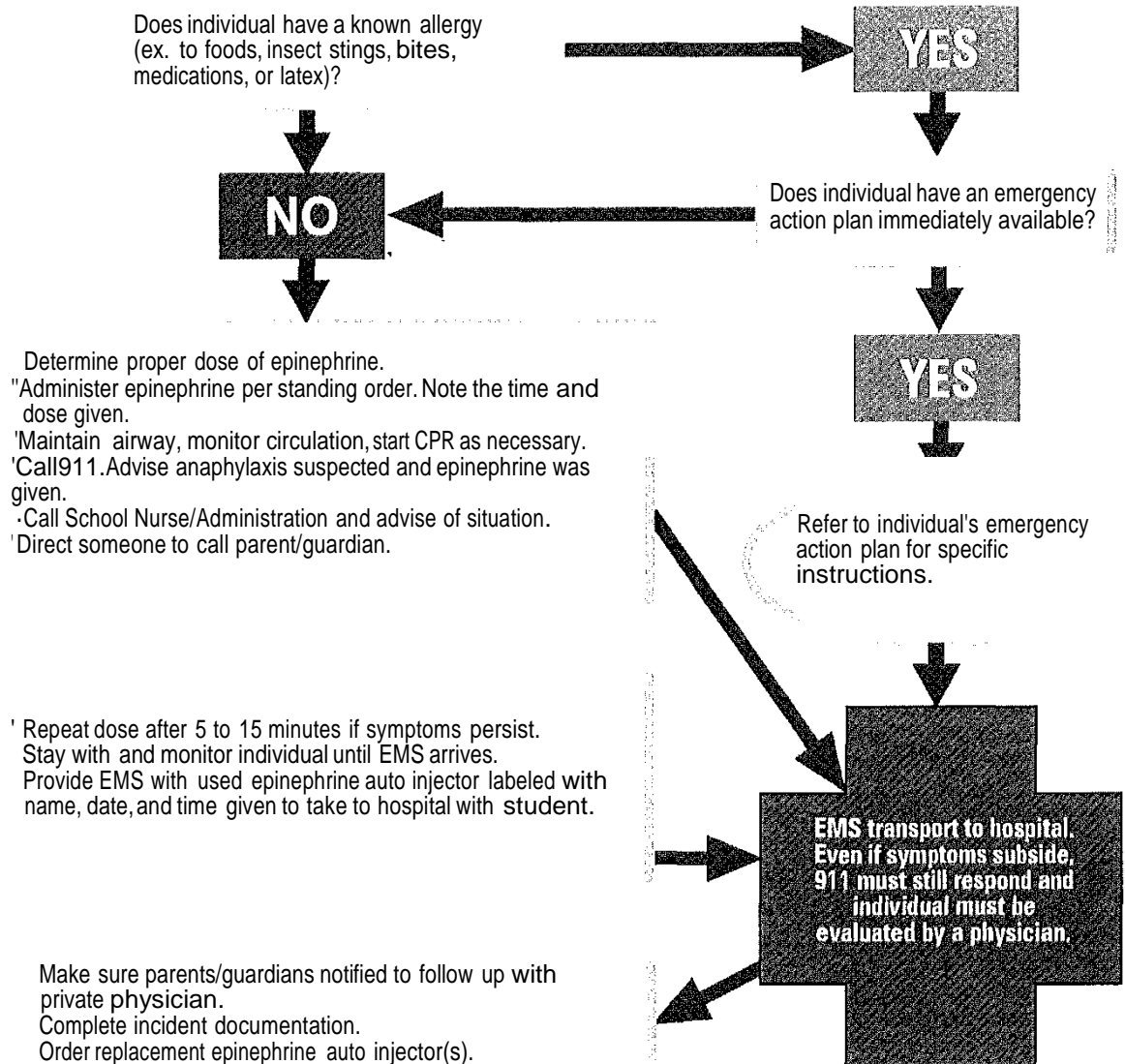


# Recognize Anaphylaxis Symptoms

## Recognize the Common Anaphylaxis Symptoms

Sudden difficulty breathing, wheezing  
 Hives, generalized flushing, itching, or redness of the skin  
 Swelling of the throat, lips, tongue; tightness/change of voice; difficulty swallowing  
 Tingling sensation, itching, or metallic taste in mouth  
 Feeling of apprehension, agitation



## STANDING ORDER

### **AUTO-INJECTOR EPINEPHRINE ADMINISTRATION FOR ANAPHYLAXIS**

In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of auto-injector epinephrine in such situations.

*In the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.*

DEFINITION: **Anaphylaxis** is a severe allergic reaction which can be life threatening and occur within minutes after a triggering event or up to hours later.

CAUSES: Extreme sensitivity to one or more of the following:

Medication	Exercise induced	Foods	Latex
Idiopathic (unknown)	Insect stings	Other	Asthma triggers

PHYSICAL FINDINGS: Common symptoms associated with anaphylaxis:

1. Difficulty breathing, wheezing
2. Hives, generalized flushing, itching, or redness of the skin
3. Swelling of the throat, lips, tongue, throat; tightness/change of voice; difficulty swallowing
4. Tingling sensation, itching, or metallic taste in mouth
5. Feeling of apprehension, agitation

STANDING ORDER:

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. It is safer to give epinephrine than to delay treatment.  
**Anaphylaxis is a life-threatening reaction.**
2. **(If you are alone and are able to provide epinephrine,** call out or yell for help as you immediately go get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.)
3. **(If you are alone and do not know how to provide epinephrine,** call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel) to provide epinephrine and care as soon as possible.)
4. Select appropriate epinephrine auto-injector to administer, based on weight.

Dosage:           0.15 mg Epinephrine auto-injector IM, if less than 66 pounds  
                      0.30 mg Epinephrine auto-injector IM, if 66 pounds or greater

Frequency: If symptoms continue, a second dose should be administered 5 to 15 minutes after first dose

5. Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper, outer thigh, (through clothing if necessary). **Hold in place for 10 seconds to deliver medication and then remove.** Massage the area for 10 more seconds. Note the time.
6. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise 911 operator that anaphylaxis is suspected and epinephrine has being given.
7. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
8. Call School Nurse/Front Office school personnel and advise of situation.
9. Repeat the dose after 5 to 15 minutes if symptoms persist or return.
10. Stay with the individual until EMS arrives, continuing to follow the directions in No. 7 above.
11. Provide EMS with Epinephrine auto injector labeled with name, date, and time administered to transport to the ER with the student.

FOLLOW UP (to be done the same day as the event):

1. Assure parents/guardians have been notified.
2. Complete required documentation of incident.
3. Order replacement epinephrine auto injector(s).

Physician/Licensed Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name, please \_\_\_\_\_

\*Effective for School Year \_\_\_\_\_

\*Must be renewed annually and with any change in prescriber.

# VIRGINIA SCHOOL HEALTH GUIDELINES

## Report of Anaphylactic Reaction

### Demographics and Health History

1. Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

2. DOB: \_\_\_\_\_ Status of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐

3. History of allergy: Yes ☐ No ☐ Unknown ☐ If known, specify type of allergy: \_\_\_\_\_

If yes, was allergy action plan available? Yes ☐ No ☐ Unknown ☐ History of prior anaphylaxis: Yes ☐ No ☐ Unknown ☐

Diagnosis/History of asthma: Yes ☐ No ☐ Unknown ☐

### School Plans and Medical Orders

4. Individual Health Care Plan (IHCP) In place? Yes ☐ No ☐ Unknown ☐

5. Does the student have a student specific order for epinephrine? Yes ☐ No ☐ Unknown ☐

6. Source of epinephrine (ex. student provided, stock epinephrine). \_\_\_\_\_ Expiration date of epinephrine \_\_\_\_\_ Unknown ☐

### Epinephrine Administration Incident Reporting

7. Date/Time of occurrence: \_\_\_\_\_ Vital signs: BP \_\_\_\_\_; \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

8. Specify suspected trigger that precipitated this allergic episode:

Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ other ☐ \_\_\_\_\_ Unknown ☐

If food was a trigger, please specify suspected food \_\_\_\_\_

Please check: Ingested ☐ Touched ☐ Inhaled ☐ Other ☐ specify \_\_\_\_\_

9. Did reaction begin prior to start of school day? 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>G.I.</u>	<u>Skin</u>	<u>Cardiac/Vascular</u>	<u>Other</u>
<input type="radio"/> Cough	<input type="radio"/> Abdominal discomfort	<input type="radio"/> Angioedema	<input type="radio"/> Chest discomfort	<input type="radio"/> Sweating
<input type="radio"/> Difficulty breathing	<input type="radio"/> Diarrhea	<input type="radio"/> Flushing	<input type="radio"/> Cyanosis	<input type="radio"/> Irritability
<input type="radio"/> Hoarse voice	<input type="radio"/> Difficulty swallowing	<input type="radio"/> General Itching	<input type="radio"/> Dizziness	<input type="radio"/> loss of consciousness
<input type="radio"/> Stuffy or runny nose	<input type="radio"/> Oral Itching	<input type="radio"/> General rash	<input type="radio"/> Faint/Weak pulse	<input type="radio"/> Metallic taste
<input type="radio"/> Swollen throat or tongue	<input type="radio"/> Nausea	<input type="radio"/> Hives	<input type="radio"/> Headache	<input type="radio"/> Red eyes
<input type="radio"/> Shortness of Breath	<input type="radio"/> Vomiting	<input type="radio"/> Lip swelling	<input type="radio"/> Low blood pressure	<input type="radio"/> Sneezing
<input type="radio"/> Stridor		<input type="radio"/> Localized rash	<input type="radio"/> Rapid heartbeat	<input type="radio"/> Uterine cramping
<input type="radio"/> Tightness (chest, throat)		<input type="radio"/> Paleness		
<input type="radio"/> Wheezing				

13. First Epinephrine Dose (amt.) \_\_\_\_\_ Site (ex. upper left thigh) \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Second Epinephrine Dose (amt.) \_\_\_\_\_ Site \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

HILV 1/11

Printed on: \_\_\_\_\_  
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## VIRGINIA SCHOOL HEALTH GUIDELINES

14. Location where epinephrine administered: Health Office <input type="radio"/> other <input type="radio"/> specify _____	
15. Location of epinephrine storage: Health Office <input type="radio"/> Other <input type="radio"/> specify _____	
16. Epinephrine administered by: RN <input type="radio"/> Self <input type="radio"/> Other <input type="radio"/> (print name) _____	
17. Parent or guardian notified of epinephrine administration: Yes <input type="radio"/> No <input type="radio"/> Time: _____	
By whom: _____	
18. Biphasic reaction: Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/>	

### Disposition

19. EMS notified at: (time) _____	By Whom _____
Transported to hospital emergency department: Yes <input type="radio"/> No <input type="radio"/>	If "No", reason _____
If yes, transferred via ambulance <input type="radio"/> Parent/Guardian <input type="radio"/> Other <input type="radio"/>	
20. Student/Staff/Visitor outcome: _____	

### School Follow-up

21. Were parents or guardians advised to follow up with student's medical provider? Yes <input type="radio"/> No <input type="radio"/>
22. Were arrangements made to restock epinephrine? Yes <input type="radio"/> No <input type="radio"/>
NOTES: _____
_____
_____

24. Form completed by: _____ Date: _____	
(please print)	
Signature: _____	Title: _____