

ALLERGIES – LIFE THREATENING

STATEMENT OF PURPOSE:

All schools should have trained personnel able to respond to a student/staff member having a severe allergic reaction. Written allergy emergency health care protocols should be readily available and reviewed annually.

AUTHORIZATION/LEGAL REFERENCE:

12 V.S.A. Chapter 23 § 519 - Emergency Medical Care

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=12&Chapter=023&Section=00519>

26 V.S.A. Chapter 28 – Nurse Practice Act

<http://www.leg.state.vt.us/statutes/sections.cfm?Title=26&Chapter=028>

Vermont School Quality Standards, Section 2120.8.1.3.3

<http://education.vermont.gov/new/pdfdoc/board/rules/2000.pdf>

Title 16, chapter 31, 1387 – possession and self administration of emergency medication

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=031&Section=01387>

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

- Gather and verify allergy information with parents and physician.
- Obtain doctor's order and parent permission for school administration of emergency medication
- Develop Individual Health Plan/protocol for students with known allergies in collaboration with medical home
- Obtain needed medication from parent
- Train appropriate staff for response to allergic emergency situations, including delegation of emergency medication administration and document each training
- Review and retrain staff on Individual Health Plan as needed (eg; prior to field trips)

SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

- Educate school community about allergic, triggers, reactions and treatment.
- Collaborate with administration to develop preventive measures (i.e., peanut-safe areas, screens on windows, etc).
- For unknown allergies develop a protocol to be used only by the nurse with the school physician's authorization and have both the physician's and nurse's signatures on the document. Obtain a written medical order for the EpiPen and/or EpiPen Jr. annually and stock an up-to-date syringe of the medication.

Allergies
Section 3
Updated 12/2009

RESOURCES:

Food Allergy Network - (703) 691-3179, <http://www.foodallergy.org/>

Managing Life Threatening Allergic Conditions in Schools 2008
http://education.vermont.gov/new/pdfdoc/pgm_health_services/food_allergies_manual_0608.pdf

Center for Anaphylactic Support; How to use EpiPen Auto injector
<http://www.epipen.com/page/how-to-use-epipen-auto-injector-index>

Sample Policies, Procedures and Forms

Emergency Health Care Plan

EpiPen Directions

Treatment Procedures for Known Hypersensitivity

Treatment Procedures for Unknown Hypersensitivity

EMERGENCY HEALTH CARE PLAN

picture of student here

ALLERGY TO: _____
 Student's Name: _____ D.O.B. _____ Teacher _____

Asthmatic: **Yes*** _____ **No** _____ ***High risk for severe reaction**

SIGNS OF AN ALLERGIC REACTION

- MOUTH** itching & swelling of the lips, tongue, or mouth
- THROAT*** itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- SKIN** hives, itchy rash, and/or swelling about the face or extremities
- GUT** nausea, abdominal cramps, vomiting, and/or diarrhea
- LUNG** shortness of breath, repetitive coughing, and/or wheezing
- HEART*** thready pulse, passing out

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life threatening situation.

• **ACTION FOR MINOR REACTION** •

If only symptom(s) are: _____, give _____ Medication/dose/route

Then call:

1. Mother _____, Father _____, or emergency contacts
2. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps 1-3 below.

• **ACTION FOR MAJOR REACTION** •

If ingestion is suspected and/or symptom(s) are: _____ give _____ **IMMEDIATELY!**

Then call:

1. Rescue Squad (911)
2. Mother _____, Father _____ or emergency contacts.
3. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent Signature _____ Date _____ Doctor Signature _____ Date _____

Emergency contacts	Trained Staff Members
1. _____ relation _____ Phone _____	1. _____ Room _____
2. _____ relation _____ Phone _____	2. _____ Room _____
3. _____ relation _____ Phone _____	3. _____ Room _____

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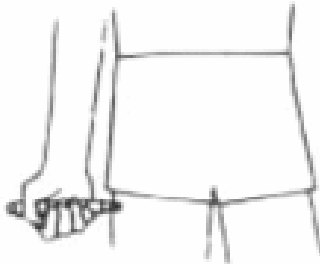
Treatment Procedures for Unknown Hypersensitivity

EPIPEN AND EPIPEN JR. DIRECTIONS

1. Pull off gray safety cap



2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and discarded. Massage the injection area for 10 seconds.

TREATMENT PROCEDURE FOR KNOWN HYPERSENSITIVITY

If an exposure occurs, or is strongly suspected to have occurred

- **BEGIN TREATMENT IMMEDIATELY** – do not wait for symptoms to develop.
- **Monitor and maintain ABC's (airway, breathing, circulation) as needed**
- **Administer oral diphenhydramine as prescribed by students medical home**
- **Administer epinephrine as prescribed by students medical home**
- **Nurse will administer EpiPen, 0.3mg/0.3ml (1:1000) for students over 40lbs.**
- **Nurse will administer EpiPen Jr., 0.15mg/0.3ml (1:2000) for students under 40lbs.**
- **Administer oral steroid as prescribed by students medical home**
- **Close observation of student at all times**
- **Activate EMS, to transport student to Emergency Department for further treatment**
- **Notify parents/guardian and medical home.**

EPIPEN

(Epinephrine) Auto-Injector 0.3 mg EpiPen = one dose of 0.30 mg epinephrine (USP, 1:1000, 0.3 mL)

EPIPEN JR

(Epinephrine) Auto-Injector 0.15 mg EpiPen Jr = one dose of 0.15 mg epinephrine (USP, 1:2000, 0.3 mL)

Each EpiPen Auto-Injector delivers a single dose of 0.3 mg epinephrine injection, USP, 1:1000 (0.3 mL) in a sterile solution.

Each EpiPen Jr Auto-Injector delivers a single dose of 0.15 mg epinephrine injection, USP, 1:2000 (0.3 mL) in a sterile solution.

The EpiPen and EpiPen Jr Auto-Injectors each contain 2 mL epinephrine solution. Approximately 1.7 mL remains in the auto-injector after activation and cannot be used.

Epinephrine solution deteriorates rapidly on exposure to air or light, turning pink from oxidation to adrenochrome and brown from the formation of melanin. Replace EpiPen and EpiPen Jr Auto-Injectors if the epinephrine solution appears discolored.

EpiPen and EpiPen Jr Auto-Injectors do not contain latex.

TREATMENT PROCEDURE FOR UNKNOWN HYPERSENSITIVITY:

The following protocol authorized by Dr. _____ is for the administration of epinephrine by the school nurse/associate school nurse to a student who is having an anaphylactic reaction and has no order for epinephrine from their physician. Assessment of the presences of an anaphylactic reaction and determination of the need for epinephrine will be done by the school nurse/associate school nurse who will be following the protocol described below.

1. Remove stinger - scrape gently with finger nail - then apply ice
2. Observe for allergic reaction for a least one half an hour:
 - Complaining of "not feeling right"
 - Mild to severe itching -especially eyes, ears and throat
 - Coughing and sneezing
 - Facial edema (swelling) - (not at sting site) around eyes, lip, cheeks and neck
 - Generalized hives or erythema
 - Severe fright
 - Headache
 - Abdominal cramps or diarrhea
 - Nausea & vomiting
 - Hypotension due to vascular collapse or peripheral edema
 - Rapid pulse
 - **SIGNS OF AIRWAY CLOSURE:** Difficulty breathing; Shortness of breath; Feeling of fullness in throat; Change in voice quality; Wheezing; Stridor

If above symptoms appear: proceed to step three immediately - symptoms beginning within 15 minutes of exposure to irritant result in more severe reactions

3. Call emergency squad and parent - extra person should do this - remain calm with child to reassure.
4. Draw up and administer Epinephrine - *Epinephrine Dosage - children over 40lbs.
 - Give .3ml SC 1:1000 dilution
 - Injection Site - lateral middle one third of the thigh -if clothing and need for speed makes this site impractical use lateral middle one third of upper arm. Massage area after injection
 - Epinephrine is excreted in urine in 20 min. therefore repeat injection every 15-20 min. as needed
5. If parent is unavailable, have a school employee with written description of the incident and copy of health record accompany student to emergency room with emergency squad.

Approved by: _____, M.D.

Date: _____

School Nurse: _____, R.N.

Date _____