

Anaphylaxis Procedure

Every allergic reaction has the potential for developing into a life threatening event known as anaphylaxis. Anaphylaxis should always be considered a life threatening emergency as students can have the onset of symptoms within minutes and if untreated it can lead to collapse and death shortly thereafter.

Anaphylaxis is usually an immediate reaction to seconds or minutes to an hour after exposure to an allergen (ex. Food, insect sting, food, or medication). There is no predictable pattern with anaphylaxis. Each subsequent episode can be the same, more severe or less severe. Allergic reactions that appear mild at first can gradually worsen over 1-3 hours. Therefore, it is imperative that the symptoms of anaphylaxis be recognized whether or not the exposure is known. Because of the severity of an anaphylactic response, the presence of effective and readily implemented student emergency plan is paramount.

This plan should include:

1. symptom recognition
2. rapid administration of epinephrine
3. prompt transfer of the student by EMS to the hospital.

Epinephrine is generally provided in an autoinjector. (EpiPen or EpiPen Jr. depending on the students weight) A second EpiPen may be administered if there is no improvement of symptoms within 15-20 minutes. When in doubt, administer EpiPen and immediately call 911. Due to the short duration of action of Epinephrine and the high potential that additional emergency treatment will be needed, prompt activation of the local EMS (911) and subsequent transport to a medical facility is imperative.

Anaphylactic symptoms may include the following but not necessarily in the order listed:

Nose/Eyes:	Itching, sneezing, congestion, runny nose, red eyes, tearing
Mouth:	Itching, tingling, or swelling of lips/tongue/mouth
Skin:	Hives, itchy rash, swelling of the face or extremities
Gut:	Nausea, abdominal cramps, vomiting, diarrhea
Throat:	Tightening of throat, hoarseness, hacking cough, difficulty swallowing Difficulty speaking, itchiness in ear canals
Lungs:	Shortness of breath, coughing, wheezing, chest tightness
Heart:	Thready pulse, low blood pressure, fainting, paleness, cyanosis

Mild Symptoms

Mouth: Itchy

Skin: A few hives around mouth/face, itchy

Gut: mild nausea/discomfort

Action

1. Monitor symptoms

2. Notify parent/guardian

Severe Symptoms

Lungs: SOB, wheezing, repetitive cough

Cardiac: Pale, Blue, Faint, Weak pulse, dizzy,
Confused

Throat: Hoarse, tight, trouble breathing, swallowing

Mouth: obstructive swelling (tongue and or lips)

Skin: many hives over body

(OR combined symptoms from different body areas)

Skin: hives, itchy rash, swelling (lips, eyes)

Gut: vomiting, crampy pain

Actions

1. Administer EpiPen (note time)

2. Call 911

3. Monitor Vital Signs

4. Patient to lie on back with legs up

Management

1. Initiate treatment
 - a. Follow emergency health plan for students with known allergens. Variations in treatment will be guided by specific healthcare provider orders.
 - b. Activate EMS (911)
 - c. Administer EpiPen and/or antihistamines as ordered. EpiPen/ Epinephrine may be repeated after 15-20 minutes if the students condition worsens or does not improve.
2. Call 911 at the same time as treatment is initiated. EMS should always be activated when Epinephrine/EpiPen is administered due to the high potential of further treatment being required.
3. Obtain subjective data including food ingested/contact, insect stings, latex exposure, onset, duration and past occurrences.
4. Obtain objective data:
 - a. Note general appearance
 - b. Note presence of any hives/swelling
 - c. Check pulse respiratory rate and blood pressure
 - d. Observe chest and assess respiratory effort, wheezing, accessory muscle use, and cyanosis.
5. Inform parents/guardians
6. Transfer to EMS
7. Chart event in skyward
8. Arrange for replacement of EpiPen and antihistamine
9. Fill out accident/incident form
10. Review school response with those involved in providing care.