**Plano Independent School District**

**School Health**

**Anaphylaxis Treatment Administrative Guideline**

**Purpose**

To provide student prescribed emergency medication for the treatment ofa serious allergic reaction to [insect stings](http://firstaid.webmd.com/tc/insect-bites-and-stings-and-spider-bites-topic-overview)/bites, foods, drugs, or other substances. [Epinephrine](http://www.webmd.com/drugs/drug-93171-epinephrine+im.aspx) acts quickly to improve breathing, stimulate the [heart](http://www.webmd.com/heart/picture-of-the-heart), raise a dropping [blood pressure](http://www.webmd.com/hypertension-high-blood-pressure/guide/diastolic-and-systolic-blood-pressure-know-your-numbers), reverse [hives](http://www.webmd.com/skin-problems-and-treatments/guide/skin-conditions-hives-urticaria-angioedema), and reduce swelling of the face, lips, and throat.

**Definitions**

* **Allergic reaction -** sensitivity to substances called allergens that come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract. They can be breathed into the lungs, swallowed, or injected.
* **Anaphylaxis -** a rapidly progressing, life-threatening allergic reaction, in which the immune system responds to otherwise harmless substances from the environment.
* **Antihistamine -** drugs that combat the histamine released during an allergic reaction by blocking the action of the histamine on the tissue.
* **Epinephrine** – also called adrenaline. A hormone secreted by the adrenal medulla that is released into the bloodstream in response to physical or mental stress, such as from fear or injury. It initiates many bodily responses, including the stimulation of heart, an increase in blood pressure, metabolic rate, and blood glucose concentration.
* **Hives** - raised, itchy area of skin that may be a sign of an allergic reaction. It can be rounded or flat-topped but is always elevated above the surrounding skin.
* **Intramuscular** – injection of a substance directly into the muscle.
* **Subcutaneous** – located or placed just below the skin.
* **Universal Precautions –** precautions designed to prevent transmission of blood borne. pathogens such as human immunodeficiency virus, hepatitis B and other blood borne pathogens when first aid or health care is provided.

**Anaphylaxis Treatment Program Coordinator**

Coordinator for District Health

**Responsibilities**

* Coordinate with Plano ISD principals and/or building manager and school nurses in the selection of employees for training.
* Coordinate appropriate devise maintenance.
* Oversee the maintenance of specifications/technical information.
* Assure quality improvement by revising this guideline as required

through the monitoring of training and the effectiveness of use.

* Communicate with medical officer on issues related to anaphylaxis treatment.

**Medical Control**

The medical advisor of the anaphylaxis administrative guideline is the Plano ISD’s medical officer. The medical officer will direct the following:

* Medical direction in formulating the guideline.
* Review and approve the above.
* Evaluation as needed.

**Applicable documents**

* Guideline
* Training checklists
* Problem List
* Physician orders/Action Plan/IHP

**Environment/Setting**

There are no restrictions as to where anaphylaxis treatment can be given. If anaphylaxis treatment (epinephrine) will be kept in the health office, the cabinet will be well marked and kept unlocked for easy access in an emergency.

**Restrictions**

Some students will have permission to self-carry and self-administer epinephrine. Permission to self-carry and self-administer must be given by the physician, parent and school nurse. Student must show responsible behavior with medication and proven reliability of dosage and usage in order to self-carry. If deviations in reliability or responsible behavior occur, self-carry rights will be reviewed by school nurse, parent and physician.

**Person Responsible**

* Registered Nurse
* Unlicensed Assistive Personnel (UAP) as trained by Registered Nurse

**Training**

* Registered Nurse is the person responsible for the training.
* Training is done yearly and as needed throughout the yea.r
* Competency checklist must be signed and dated yearly and periodically throughout the year as needed for verification of skills.
* Epinephrine Training video is available on Plano ISD Training Website.

1. **Allergic Reaction – Minor**
2. Causes
   1. Food
   2. Insects
   3. Environment
3. Onset
   1. Gradual to sudden. It is important to have incident history of student.
4. Signs and Symptoms
   1. Skin: hives, itchy rash, redness at site of insect sting, and/or swelling about the face or extremities
   2. Mouth: itching & swelling of the lips, tongue, or mouth
5. Treatment
   1. Give treatment and/or medication (usually antihistamine) as prescribed by physician. REFER TO STUDENT”S ALLERGY ACTION PLAN.
   2. Observe for further symptoms.
6. **Allergic Reaction – Major**
7. Causes
   1. Food
   2. Insect
   3. Environment
8. Onset
   1. Gradual to sudden. It is important to have incident history of student.
9. Signs and Symptoms
   1. Mouth: itching & swelling of lips, tongue and mouth
   2. Throat: itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
   3. Skin: hives, itchy rash, and/or swelling about the face or extremities
   4. Stomach: nausea, abdominal cramps, vomiting, and/or diarrhea
   5. Lung: shortness of breath, repetitive cough, and/or wheezing
   6. Heart: weak pulse, “passing-out”
10. Treatment
    1. If a life threatening reaction is suspected immediately give EpiPen, EpiPen Jr. or Twinject as prescribed by physician.
    2. Call 911.
    3. Call school contact person to notify parent.

**Procedural guideline for Treatment of Anaphylaxis**

**Standing orders for anaphylaxis treatment for those without an action plan and/or those without medication at school. To be used by the RN only.**

1. **Epinephrine standing order guideline**:
   1. Remain calm.
   2. Call for help and direct 911 to be called.
   3. Correctly identify student.
   4. Check Allergy Action Plan if present.
   5. If signs and symptoms of anaphylaxis exist and there is no prescribed medication and/or action plan on file, follow standing orders for anaphylaxis.
   6. Give immediate injection of adrenalin 1:1000 subcutaneous or intramuscular. Dosage by age.
      1. Age: 3-5 years... 0.2cc. or may give Epi Pen Jr.
      2. Age: 6-18 years ... 0.3cc. or may give Epi Pen
   7. Give two puffs of prescribed asthma medication according to action plan if student has asthma and medicine at school.
   8. 5 minutes post epinephrine administration, reassess and if symptoms have not cleared, give 2nd dose of epinephrine.
   9. Place student in prone position, elevate legs, continue to monitor vital signs, and keep warm.
   10. Call 911, if not previously done.
   11. After 5 more minutes, reassess and if symptoms have not greatly improved, give 3rd dose epinephrine injection.
   12. Remain with the student until advanced medical care arrives.
   13. Direct parent/guardian notification.
   14. Send child’s mobile medical bag with student ER. The student’s supply may be necessary in transit to ER.
   15. Document Incident.
2. **Procedural guidelines for student prescribed auto-injector**

* **Student prescribed EpiPen and EpiPen Jr:** 
  1. Remain calm.
  2. Call for help and direct 911 to be called.
  3. Correctly Identify student.
  4. Check Allergy Action Plan.
  5. Locate correct medication; check prescription label for student name.
  6. Flip open the yellow cap of the EpiPen and the green cap of the EpiPen Jr auto injector carrier tube.
  7. Tip and slide the auto-injector out of the carrier.
  8. Grasp the auto injector with your fist with the orange tip pointing downward.
  9. With the other hand pull off the blue safety release cap.
  10. Never place thumbs, fingers or hands over the rounded tip.
  11. Swing and firmly push orange tip against outer thigh at a 90 degree angle (can be injected through clothing) until auto injector mechanism clicks).
  12. Hold EpiPen on thigh and count to 10 then remove. As soon as pressure is released the protective cover will extend.
  13. Massage the injection area for 10 seconds.
  14. Place student in prone position, elevate legs, continue to monitor vital signs, keep warm.
  15. Call 911 if not previously done.
  16. Prepare to give a second dose if indicated by action plan and provided.
  17. If indicated, repeat steps # 2 and #9.
  18. Remain with the students until advanced medical care arrives.
  19. Give used EpiPen to the paramedic to take to the emergency room.
  20. Document.
* **Student prescribed TwinJect**

1. Remain calm.
2. Call for help and direct 911 to be called.
3. Correctly identify student.
4. Check Allergy Action Plan.
5. Locate the correct medication; check prescription label for student name.
6. Pull to remove green caps both “1” and “2”.
7. Never place thumbs, fingers or hands over rounded tip.
   1. Place rounded tip against the middleof the outer thigh. The needle may be injected through clothing.
   2. Press down hard until auto-injector fires.
   3. Hold in place while slowly counting to 10.
8. Place student in prone position, elevate legs, continue to monitor vital signs, keep warm.
9. Call 911 if not previously done.
10. Prepare to give second dose if indicated by action plan and according to directions.
    1. Unscrew rounded tip.
    2. Pull syringe from barrel and slide yellow collar off plunger.
    3. Put needle into thigh.
    4. Push Plunger down all the way.
11. Remain with the student until advanced medical care arrives.
12. Direct parent/guardian until advanced medical care arrives.
13. Direct parent/guardian notification.
14. Give used TwinJect to paramedic to be taken to emergency room.
15. Document incident.

**Medical Director:**

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Physician Signature/Plano ISD Medical Officer