

## USD 378

### Emergency Anaphylaxis Protocol

**Definition:** Anaphylaxis is a life-threatening type of allergic reaction which involves the entire body. Onset is rapid and requires immediate action to prevent fatality.

**Causes:** Extreme sensitivity to one or more of the following:

- \*Insect sting-usually bee or wasp
- \*Medication or Immunization usually by injection
- \*Industrial or office chemicals or their vapors
- \*Pollen
- \*Food

**Signs/Symptoms:** Physical reactions can present in Mild to Severe forms and can quickly progress from mild stages to severe.

**Mild:** Itchy mouth, with a few hives appearing around the face/mouth.  
Mild itching all over body.  
Mild nausea/stomach upset/discomfort.

**Treatment:** \*Remain Calm

- \*Escort to Office or Nurse's Office. Do not allow student to go alone.
- \*Administer Benadryl according to age/weight-appropriate dose.

Child's Wt.	20-24	25-37	38-49	50-99	100+	Pounds
Liq. 12.5mg/tsp	3/4	1	1 $\frac{1}{2}$	2	-----	tsp
Chewable 12.5 mg	-----	1	1 $\frac{1}{2}$	2	4	tablets
Capsule 25 mg	-----	-----	-----	1	2	capsule

- \*Notify Parents
- \* Stay with student until parent or additional medical help arrives.
- \*Monitor symptoms, if Severe, proceed immediately to next step.

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- Severe:**
- \*Feeling of Apprehension, sweating, weakness
  - \*Difficulty breathing, including Wheezing, Shallow respirations
  - \* Generalized swelling and redness of face, lips, and eyelids
  - \*Increasing appearance of hives and itching
  - \*Change in voice quality and/or a feeling of fullness in the throat
  - \*Low blood pressure with weak, rapid pulse
  - \* Cyanosis (blue skin color, lips, mouth, finger nails)
  - \* Loss of consciousness, shock, coma

**Treatment:** Immediately administer Injection of Epi-Pen (adrenalin/epinephrine) kept at Grade School nurse's office; at High School in main, front office safe.

- Note: person may experience palpitations/"heart racing" after injection,  
This is a normal response to medication.
- \*Call 911 for immediate transport to nearest medical facility.
  - \*Notify parents if not already done
  - \* Lay person flat, elevate feet and cover with blanket to keep warm.
  - \*Repeat dose after 15-20 min. if needed and available.
  - \* Record and time all events, including medication  
(see attached sheet)
  - \* Keep used Epi-pens for EMS referral or dispose in proper manner.

- Follow-up:**
- \*Recommend monitoring by physician
  - \*Counsel against further exposure to sensitizing agent.
  - \*Suggest carrying Epi-pen at all times for older students, with a Back-up dose being kept in School office or Nurse's office.

Protocol Updated and Approved for School Year \_\_\_\_\_

MD Signature \_\_\_\_\_

Date \_\_\_\_\_

Noted by: \_\_\_\_\_

Date \_\_\_\_\_

USD 378  
Anaphylaxis Event Record

Name: \_\_\_\_\_ Age/Grade \_\_\_\_\_ Date \_\_\_\_\_

Known Allergy \_\_\_\_\_ Known Medical condition/medications \_\_\_\_\_

What happened: included time/what caused reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs/Symptoms: Circle those that apply

Itching around mouth/face  
Hives on Face Mouth Hands Other \_\_\_\_\_  
Generalized swelling of face, lips, eyelids  
Generalized feeling of apprehension  
Wheezing Difficulty Breathing  
Change in voice quality  
Low Blood Pressure  
Cyanosis

Mild Nausea/upset stomach  
Tingling Sensation  
Sweating  
Increasing Weakness  
Shallow breaths/respirations  
Feeling of fullness in throat  
Rapid/Weak Pulse  
Loss of consciousness

Treatment given:

Benadryl: Dose \_\_\_\_\_ Time \_\_\_\_\_

Epi-Pen Adult \_\_\_\_\_ Junior \_\_\_\_\_ Time \_\_\_\_\_

Repeat Epi-Pen Adult \_\_\_\_\_ Junior \_\_\_\_\_ Time \_\_\_\_\_

Other \_\_\_\_\_

Parents Notified: \_\_\_\_\_ 911 Notified \_\_\_\_\_ Other \_\_\_\_\_

Arrival of Additional Medical aid/Parents: \_\_\_\_\_

**Additional Details**

Signature \_\_\_\_\_

Date \_\_\_\_\_

(copy to file and to send with EMS)