

SEVERE ALLERGIC REACTION (ANAPHYLAXIS) IHP

Picture

Student:		School Year:
DOB:	Gd:	School:
Anaphylaxis (Severe allergic reaction) is an excessive reaction by the body to combat a foreign substance that has been eaten, injected, inhaled or absorbed through the skin. It is an intense and life-threatening medical emergency. Do not hesitate to give Epi auto-injector and call 911.		

THIS SECTION TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER:

Severe Allergic Reaction to:	
<input type="checkbox"/> Student has Asthma (Increased risk for severe reaction) ***Requires additional IHP for asthma	
SYSTEM	SYMPTOMS (Severity can change quickly and rapidly progress to a life-threatening situation)
MENTAL:	State feels "scared", something bad is going to happen
MOUTH:	Itching, tingling, or 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
ABDOMINAL:	Nausea, stomach cramps, vomiting, and/or diarrhea
BREATHING:	Shortness of breath, repetitive coughing, and/or wheezing
HEART:	Thready pulse, low blood pressure, fainting, pale, blueness, poor capillary filling

Medication Doses

<input type="checkbox"/> EpiPen (.30mg) <input type="checkbox"/> EpiPen Jr. (0.15mg)	Side Effects: Increased heart rate	
<input type="checkbox"/> Other _____	Other:	
Antihistamine:	Side Effects: Sleepy	Only given AFTER EpiPen & IF student able to swallow
Dose: _____ mg _____ ml _____ tabs	Other:	
Repeat dose of EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, when	
<input type="checkbox"/> Student may carry/self-administer Epi-pen/medication and has demonstrated appropriate technique.		

Never send student anywhere alone

IF YOU SEE THIS	DO THIS	TIME/INITIAL
ANY OF THE ABOVE SIGNS AND SYMPTOMS Following exposure to:	GIVE EPI-PEN IN OUTER THIGH CALL 911 CALL PARENT	
BREATHING STOPS	BEGIN CPR/RESCUE BREATHING ELEVATE LEGS	

**Note time of arrival and departure of ambulance. Complete this form, initial, and send a copy of the form with the ambulance.*

Licensed Health Care Provider Signature:	Date:	Printed Name:	Phone/Fax:
--	-------	---------------	------------

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN:

Mother/Guardian:			Father/Guardian:		
Hm	Cell	Wk	Hm	Cell	Wk
Emergency contact:		Relationship:	Phone:		

☐ Parent agrees that student may carry and/or self-administer Epi-pen/medication.

***If above checked, additional Epi-pen provided for Health Room ☐ Yes ☐ No

Parent/Guardian Signature:	Printed Name:	Date:
----------------------------	---------------	-------

SCHOOL STAFF SECTION:

Epi auto-injector location: <input type="checkbox"/> Health Room <input type="checkbox"/> Backpack <input type="checkbox"/> Other:
--

Form Rcv'd: _____ ☐ Entered in Database ☐ Exp. Date ☒ Rvw'd by District Nurse: _____



Kelso School District #458
601 Crawford Street
Kelso, Washington 98626

January 14, 2020

RE: Medication orders written for Benadryl then Epi-pen

Dear LHCP's:

Kelso Schools will no longer assess patient progression of anaphylaxis. As the District Nurse for the Kelso School District, I am obligated to use RCW 18.79 to determine how nursing care should be carried out in our district. According to RCW 18.79.260, acts that require nursing judgement shall not be delegated. Also the NCQAC (The Nursing Care Quality Assurance Commission – responsible for regulating the practice of nursing in Washington State) has determined “waiting and watching” could demand a degree of assessment requiring judgement beyond that of a non-licensed individual.

In Kelso Schools, we have a Health Care Specialist assigned to each building's Health Room. The Specialists can be MAs, EMTs, LPNs or RNs. Our school secretaries and IAs (instructional assistants) also cover our Health Rooms for lunch breaks and absences. This use of non-licensed personnel is the reasoning for the elimination of ongoing assessment.

Best practice in managing anaphylaxis research reveals that many fatalities occur due to the untimely or delayed administration of epinephrine. Deaths have occurred because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions.

Accordingly, I cannot put our district employees, some of whom are non-licensed, in the position of having to make assessments as to the progression of anaphylactic symptoms and making a decision of when to use an ordered Epi-pen. Thus it is the practice in Kelso schools that if there is a student with a severe allergy who has an exposure or a suspected exposure to an allergen and there are orders for the administration of an antihistamine and/or epinephrine, epinephrine will be given immediately and the EMS (911) system will be activated.

Sincerely,

Stephanie Toms RN
Kelso School District

Form Rcv'd: _____ ☐ Entered in Database ☐ Exp. Date ☒ Rvw'd by District Nurse: _____

EPIPEN AND EPIPEN JR. DIRECTIONS



What should I do after giving the EpiPen®?

You should always call an ambulance (911) even if the EpiPen® relieves symptoms. When an EpiPen® has been used the patient should remain under medical observation for at least 4 hours after the symptoms have resolved.

Is a further dose of adrenaline ever necessary?

A single dose of EpiPen is all that is required to treat an anaphylactic reaction in the majority of cases. If there is no response after 5 minutes to the initial dose of adrenaline, another EpiPen may be given following IHP directions.

What should I do if the symptoms look like Asthma?

If you are not sure if the symptoms the student is experiencing are due to allergy or asthma and you feel they may have been exposed to an allergen (e.g. food), then the safest and best course of action is to give the EpiPen. The adrenaline in the EpiPen will quickly treat asthma or anaphylaxis and is safe to give. You can use a bronchodilator (asthma reliever) e.g. Ventolin/Albuterol **after** you use the EpiPen.

Information adapted from: <http://kidshealth.schn.health.nsw.gov.au/fact-sheets/epipen-use>

Form Rcv'd: _____ ☐ Entered in Database ☐ Exp. Date ☒ Rvw'd by District Nurse: _____