**Severe Allergic Reaction - Anaphylaxis Protocol**

This protocol is to be used in the care of children and adults who present with signs and symptoms of a severe allergic reaction while at school or at a school-related event.

Anaphylaxis is a life-threatening allergic reaction that may involve multiple body systems. This is a medical emergency that requires immediate intervention and treatment.

***Causes:*** Food allergies (milk, eggs, peanuts, tree nuts, shellfish, wheat, soy); insect stings (bees, hornets, yellow jackets, wasps, fire ants); latex allergies; medication; and exercise.

**Food allergies are the leading cause of anaphylaxis in children. Children who have asthma and food allergies are at greater risk for anaphylaxis and may often react more quickly requiring aggressive and prompt treatment.**

***Symptoms:*** May include any or several of the following:

* ***Skin:*** Hives; rash; flushing; itching/tingling/swelling of lips, mouth, tongue, throat; nasal congestion or itchiness, runny nose, sneezing; itchy, teary, puffy eyes; sweating
* ***Respiratory:*** Chest tightness; shortness of breath; wheezing; shallow respirations; difficulty swallowing; hoarseness; coughing; choking
* ***Gastrointestinal:*** Nausea, vomiting, abdominal cramps, diarrhea
* ***Cardiovascular:*** Dizziness; fainting; loss of consciousness; flushed or pale skin; cyanosis; low blood pressure; weak, thready pulse, shock
* ***Mental:*** Change in level of consciousness; sense of impending doom; crying; anxiety

***Treatment:*** Epinephrine is the emergency drug of choice for an anaphylactic reaction and must be given immediately. There should be no delay in the administration of epinephrine. Epinephrine products include EpiPen, Auvi-Q, and Generic (Adrenaclick).

Administer epinephrine based on individual’s weight:

* Auvi-Q 0.10 mg (0.10mg IM dose of epinephrine) for children weighing 16.5 - 33 pounds
* EpiPen® Jr., Auvi-Q 0.15 mg, or Generic (Adrenaclick) 0.15 mg Auto-Injector (0.15mg IM dose of epinephrine from epinephrine injection 1:2000 USP) for children weighing 33- 55 pounds **OR**
* EpiPen® Auto-Injector, Auvi-Q 0.3 mg, or Generic (Adrenaclick) 0.3 mg (0.3mg IM dose of epinephrine from epinephrine injection 1:1000 USP) for children weighing over 55 pounds.
* Epinephrine injection, USP (0.10mg IM dose of epinephrine from epinephrine injection 1:1000 USP) for children weighing 16.5-33 pounds using a 1ml disposable syringe draw up **0.10ml** for this weight

**OR**

* Epinephrine injection, USP (0.15mg IM dose of epinephrine from epinephrine injection 1:1000 USP) for children weighing 33 - 55 pounds using a 1ml disposable syringe draw up **0.15ml** for this weight range **OR**
* Epinephrine injection, USP (0.3mg IM dose of epinephrine from epinephrine injection 1:1000 USP) for individuals weighing 55 pounds using a 1ml disposable syringe draw up **0.3ml** for greater than this weight

2. Call EMS (911) and report anaphylactic episode.

\*EMS transport is required after administration of an Epinephrine Injection.

3. Place individual on back with legs elevated.

4. Notify parents/guardians/alternate adults.

5. Place AED, portable oxygen, ambu bag, pulse oximeter, nebulizer and kit, and Albuterol Sulfate Inhalation Solution 0.083% (2.5mg/3ml) close to individual.

6. Monitor and document heart rate; respiratory rate, effort, and breath sounds; pO2; level of consciousness; progression of symptoms every 5 minutes or more frequently if indicated.

7. In the event of an acute onset of bronchospasm, administer Albuterol Sulfate Inhalation Solution 0.083% (2.5mg/3ml) via nebulizer. **The individual does not need to have a pre-existing diagnosis of asthma.**

8. Prepare individual for EMS transport.

9. Notify Health Services. Re-order Epinephrine from Health Services. Complete Incident Report and nursing documentation.

Issued to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of School/District

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

Street Address

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

City, Zip Code

***APPROVED:***

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician State of License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_