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 on a school campus. 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 (examples include: milk, eggs, peanuts, tree nuts, shellfish, wheat, soy); insect stings (examples may include: 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.

1. Administer epinephrine based on individual's weight:
* Epinephrine auto-injector (0.15mg IM dose of epinephrine from epinephrine injection 1:2000 USP) for children weighing < 55 pounds OR
* Epinephrine auto-injector (0.3mg IM dose of epinephrine from epinephrine injection 1:1000 USP) for children weighing > 55 pounds
1. Call EMS (9-911) and report anaphylactic episode. \*EMS transport is required after administration of an epinephrine injection.
2. Place individual on back with legs elevated. If individual begins to vomit, turn to their side.
3. Notify parents/guardians/alternate adults.
4. Place AED close to the individual.
5. Monitor pulse, breathing, level of consciousness, and progression of symptoms while waiting for EMS arrival.
6. Prepare individual for EMS transport.
7. Notify Health Services at (210) 356-9244 within 24hrs to assist with reporting, documentation and replacing unassigned epinephrine.

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Theodore M. Freeman, M.D. Date