EMERGENCY RESPONSE TO SYSTEMIC ALLERGIC REACTIONS (ANAPHYLAXIS)

For UNIDENTIFIED and UNKNOWN allergens

STANDING ORDERS FOR RESPONSE TO ANAPHYLAXIS
Valid for the Current School Year: _____/_____ 

DEFINITION: A systemic allergic reaction (anaphylaxis) is a severe response resulting in cardiovascular collapse (shock) after the injection of an antigen (e.g. bee or other insect sting), ingestion of a food or medication, or exposure to other allergens, such as latex, animal fur, chemical irritants, pollens or molds, among others. The blood pressure falls, the pulse becomes weak, AND DEATH CAN OCCUR. Immediate allergic reactions may require emergency treatment and medications.

ANAPHYLACTIC SYMPTOMS OF BODY SYSTEM: Any of the symptoms may occur within seconds. The more immediate the reactions, the more severe the reaction may become. Any of the symptoms present require several hours of monitoring.

- **Skin:** warmth, itching, and/or tingling of underarms/groin, flushing, hives
- **Abdominal:** pain, nausea and vomiting, diarrhea
- **Oral/Respiratory:** sneezing, swelling of face (lips, mouth, tongue, throat), lump or tightness in the throat, hoarseness, difficulty inhaling, shortness of breath, decrease in peak flow meter reading, wheezing reaction
- **Cardiovascular:** headache, low blood pressure (shock), lightheadedness, fainting, loss of consciousness, rapid heart rate, ventricular fibrillation (no pulse)
- **Mental status:** apprehension, anxiety, restlessness, irritability

EMERGENCY PROTOCOL:

1. Summon school nurse if available. If not, summon designated trained, non-medical staff to implement emergency protocol.
2. CALL 911 or OCONUS country equivalent immediately after summoning nurse or trained staff or if no nurse/trained staff is available
3. **Nurse or trained staff** - Check airway patency, breathing, respiratory rate, and pulse
4. **Nurse or trained staff** - Administer epinephrine auto-injector 0.3 mg = one dose of 0.30 mg epinephrine or epinephrine auto-injector 0.15 mg = one dose of 0.15 mg epinephrine or other equivalent epinephrine injector standard for such use per standing order
5. **Nurse or trained staff** - Determine cause as quickly as possible; confirm that 911 or OCONUS country equivalent has been contacted
6. **Nurse or trained staff** - Monitor vital signs (pulse, respiration, etc.)
7. Contact sponsor/parent/guardian immediately and physician as soon as possible
8. Any individual treated for symptoms with epinephrine at school will be transferred to the nearest medical facility
STANDING ORDERS FOR RESPONSE TO ANAPHYLAXIS:

- Administer epinephrine auto-injector 0.15 mg intramuscularly (IM) for a child weighing less than 66 pounds

- Administer epinephrine auto-injector 0.3 mg = one dose of 0.30 mg epinephrine intramuscularly (IM) for any individual weighing 66 pounds or heavier

- Administer CPR, if indicated

- Administer a second epinephrine dose after five minutes if symptoms are not improving

* Each epinephrine auto-injector 0.15mg/ 0.3mg device contains an initial dose of epinephrine administered by auto-injector as well as a second dose administered manually (i.e., syringe with plunger). For the purposes of this standing order, using a second (new) epinephrine auto-injector is preferable to using a manual dose of epinephrine.

__________________________  _____________________
PHYSICIAN       Date

This form can be used in lieu of form provided with the Anaphylaxis MOA. If a form has been signed by a physician this form does NOT need to be signed or completed again.