



Individualized Health Protocol

Student Name Student DOB ID Number Grade School



Student Specific Information:

- Student diagnoses
- Medications
- Significant side effects
- Emergency Medication
- Self-Management
- Supply location
- Included plans or procedures
- Important information or alerts

Disease Overview:

Anaphylaxis is a common acute hypersensitivity reaction that is potentially life threatening. Anaphylaxis is a rapidly progressively systemic allergic reaction that can lead to respiratory collapse and cardiac arrest. Anaphylaxis is characterized by:

- Skin symptoms such as itching, rash, redness hives, and significant swelling
- Respiratory symptoms such as shortness of breath, wheezing, persistent cough, intractable sneezing, impaired airway, low oxygen levels or throat clearing.
- Gastrointestinal symptoms such as persistent painful cramps or vomiting
- Low blood pressure
- Loss of consciousness
- Loss of bowel or bladder function

Triggers to anaphylaxis are many, and sometimes unidentified. The most common cases of anaphylaxis include:

- Foods, most specifically shellfish, nuts/peanuts, dairy, soy, eggs and fruits
- Insect venom, most specifically bees, wasps and yellow jackets
- Medications
- Latex

McLendon K, Sternard BT. Anaphylaxis. [Updated 2021 Dec 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK482124/

Plan developed by:	_, RN	Date:
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Anaphylaxis Action Plan

□This student also has asthma	Medication: ☐ Epinephrine ☐ Antihistamine ☐ Inhaler				
*Students with asthma are at increased risk of severe reaction	Self-Management: Student □ Self Carries □ Self-administers epinephrine				
UPON EXPOSURE TO KNOWN ALLERGEN					
Known Allergens:	☐ Observe for following exposure to allergen or administration of antihistamine. ☐ O.30 mg, per prescriber's orders AND call EMS, Parents and RN				
●● UPON ONSET OF MI	LD ALLERGY SYMPTOMS				
Upon onset of mild allergy symptoms: Small localized rash or redness Mild itching at area of contact Eye irritation; watering, red eyes Nasal drip or congestion Intermittent sneezing	□ Administer antihistamine by mouth How much:				
UPON ONSET OF SYMPTOMS OF ANAPHYLAXIS					
 Shortness of breath or chest tightness* Difficult/absence breathing* Continuous sneezing, wheezing, or coughing Difficulty swallowing* Swelling of eyes, lips, face, tongue, or elsewhere Dizziness and/or fainting* Rapid or weak pulse* Blueness around lips or eyelids* Sweating and anxiety Itching, rash or hives. Skin flushing or extreme pallor Hoarseness Sense of impending disaster or approaching death Involuntary bowel or bladder action Nausea, abdominal pain, vomiting, and diarrhea Burning sensation, especially face or chest Loss of consciousness Note that not all symptoms may be present. Severity of symptoms can change quickly. 	 Determine student's symptoms are consistent with anaphylaxis Stay with student. DO NOT move person with symptoms of this severity (unless environment is hazardous). Have student sit or lie down. Immediately delegate calls to: EMS/9-1-1, Nurse/Epinephrine trained staff, Parent Obtain Emergency EpiPen® (See <i>Procedure for Epi-Pen administration</i>) Administer Epinephrine: □ 0.15 mg □ 0.30 mg injection, per order □ This student self-administers (if able). Note time of epinephrine administration Remove the stinger if present (for sting allergies). Rinse the affected area. Monitor symptoms for improvement and maintain airway. Administer CPR for absent breath or heartbeat Prepare to administer a second dose of epinephrine if symptoms are not improving within 5 minutes, and EMS is more than 10 minutes away. □ Administer (medication) (how much) by mouth SUBSEQUENT to epinephrine administration only, per order Permit use of- or assist with administration of Metered Dose Inhaler for asthma. Advise EMS of symptoms and time of medication administration. Defer care to EMS. Student must receive medical care as soon as possible. Complete required documentation. This Anaphylaxis Action Plan requires *prescriber's orders * parent authorization *Training by a School Nurse * Completion of SAR Training with designated unlicensed assistive personnel 				

Procedure for Epinephrine Auto-injector

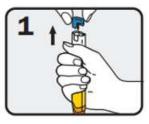
Follow directions to inject:



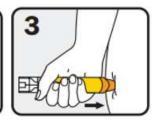
Epinephrine 0.30 mg

Epinephrine 0.15 mg

- a. Note time of administration.
- b. Form fist around the auto-injector, orange tip pointing down.
- c. With your other hand, pull off the blue colored safety release.
- d. Place the orange end against the outer mid-thigh with or without clothing (only inject into the thigh, not buttocks, the injector is intended to go through clothing).
- e. Firmly push against the outer thigh until a click is heard.
- f. Hold firmly against the thigh for approximately 3-10 seconds to deliver the drug.
- g. Remove the unit from the thigh (the orange-colored needle cover will extend to cover the needle) and massage the injection area for 3 seconds.
- h. Epinephrine auto-injectors may be discarded.







Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

If a needlestick occurs during administration immediately notify supervisor and medical provider

Molalla River School District. (2021) Anaphylaxis Action Plan.

 $https://www.molallariv.k12.or.us/departments/school_health_services/individual_school_health_protocols$

Food Allergy Research & Education. (2022). Food allergy & anaphylaxis emergency care plan. https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan

Oregon Health Authority. (2018). Epinephrine Training Protocol. Retrieved from

http://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx

Images: How to Use an EpiPen® (epinephrine injection) Auto-Injector. (n.d.). Retrieved from https://www.epipen.co

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