| Text, company name  Description automatically generated | **Individualized Health Protocol**Student NameStudent DOBID NumberGradeSchool | Male profile with solid fill |
| --- | --- | --- |

| **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/ |

**Anaphylaxis Action Plan**

| ☐This student also has asthma***\*Students with asthma are at increased risk of severe reaction*** | **Medication:** ☐ Epinephrine ☐ Antihistamine ☐ Inhaler  |
| --- | --- |
| **Self-Management:** Student☐ Self Carries ☐ Self-administers epinephrine |
| **Nuts with solid fillUPON EXPOSURE TO KNOWN ALLERGEN**  |
|

| **Known Allergens:** |
| --- |

 | ☐ Observe for \_\_\_\_\_\_\_\_ following exposure to allergen or administration of antihistamine.  |  | ☐ Immediately administerinjectable epinephrine:☐ 0.15 mg ☐ 0.30 mg, per prescriber’s orders **AND** call EMS, Parents and RN |
| **UPON ONSET OF MILD ALLERGY SYMPTOMS**Eyes with solid fill |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, per MD order☐ Observe for worsening of symptoms for a total of \_\_\_\_\_\_\_\_\_ minutes following onset of symptoms or administration of antihistamine* Prepare to administer epinephrine with onset of severe allergic symptoms
* Contact RN and parents if not previously contacted
 |
| **UPON ONSET OF SYMPTOMS OF ANAPHYLAXIS**Ambulance with solid fill |
| * 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.***  | 1. Determine student’s symptoms are consistent with anaphylaxis
2. Stay with student. DO NOT move person with symptoms of this severity (unless environment is hazardous).
3. Have student sit or lie down.
4. Immediately delegate calls to:

 EMS/9-1-1, Nurse/Epinephrine trained staff, Parent1. Obtain Emergency EpiPen® (See ***Procedure for Epi-Pen administration***)
2. Administer Epinephrine:

 ☐ 0.15 mg  ☐ 0.30 mg injection, per order                     ☐This student self-administers (if able).      1. Note time of epinephrine administration
2. ☐ Remove the stinger if present (for sting allergies). Rinse the affected area.
3. Monitor symptoms for improvement and maintain airway.
4. Administer CPR for absent breath or heartbeat
5. Prepare to administer a second dose of epinephrine if symptoms are not improving within 5 minutes, and EMS is more than 10 minutes away.
6. ☐ Administer (medication)\_\_\_\_\_\_\_\_\_\_\_\_\_ (how much) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by mouth SUBSEQUENT to epinephrine administration only, per sorder
7. Permit use of- or assist with administration of Metered Dose Inhaler for asthma.
8. Advise EMS of symptoms and time of medication administration. Defer care to EMS.  Student must receive medical care as soon as possible.
9. 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:

|                          ☐  | Diagram, text  Description automatically generated | Epinephrine 0.30 mg  |
| --- | --- | --- |
|       ☐ | Epinephrine 0.15 mg |

1. Note time of administration.
2. Form fist around the auto-injector, orange tip pointing down.
3. With your other hand, pull off the blue colored safety release.
4. 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).
5. Firmly push against the outer thigh until a click is heard.
6. Hold firmly against the thigh for approximately 3-10 seconds to deliver the drug.
7. 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.
8. Epinephrine auto-injectors may be discarded.



**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