

Diocese of Dallas Catholic Schools Unassigned Epinephrine 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 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: Symptoms of a severe allergic reaction can occur suddenly, within minutes or several hours after exposure to an allergy trigger, and 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:

Weight-based intramuscular epinephrine dosing and administration for anaphylaxis

Weight	Preferred
Less than or equal to 66 lbs	0.15 mg autoinjector (ex: EpiPen Jr)
Greater than 66 lbs	0.3 mg autoinjector (ex: EpiPen)

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- If using an autoinjector, it should be held in place for a minimum of 5 seconds and then rubbing the site after administration to promote absorption into the muscle.
 - Most individuals will respond to a single dose of epinephrine. However, if there is no response, or if symptoms of anaphylaxis persist or reemerge, a repeat injection with an additional epinephrine auto-injector device may be necessary, 5 minutes after the first dose.
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. If individual begins to vomit, turn to their side.
 4. Notify parents/guardians/emergency contacts.
 5. Place AED close to the individual.
 6. Monitor pulse, breathing, level of consciousness, and progression of symptoms while waiting for EMS arrival.
 7. When EMS arrives, give the used epinephrine auto-injector device to EMS personnel.
 8. Follow notification procedures as outlined in *Unassigned Epinephrine Auto-Injector Policy*.
 9. Complete and submit documentation as specified by manufacturer of epinephrine auto-injector for replacement of used devices.