

Epinephrine Stock Medication Procedure and Anaphylaxis Management

Purpose and Background

The purpose of epinephrine standing orders and school-supplied epinephrine for injection is for the safety and well-being of students who experience an anaphylactic reaction in response to an allergen. The incidence of severe allergic reactions has been rising at an alarming rate, especially with regard to food. Other common causes of anaphylaxis include allergies to insect stings, medications and latex. Anaphylaxis is described as the sudden onset of:

- generalized itching, erythema (redness), or urticaria (hives);
- angioedema (swelling of the lips, face and throat);
- severe bronchospasm (wheezing);
- shortness of breath;
- shock;
- abdominal cramping;
- cardiovascular collapse

Standing Orders

Standing orders must be updated and signed annually by the district medical advisor, a licensed physician in the State of Wisconsin. The standing order would permit all appropriate medical and school personnel (including, but not limited to any registered nurse) employed by or acting on behalf of the school system to administer Epinephrine via an Epinephrine auto-injector to an individual using professional judgment, if that individual is experiencing a potentially life-threatening allergic reaction, such as anaphylaxis.

Emergency Treatment Procedure

The following treatment Protocol will be utilized to manage anaphylactic reactions.

1. Symptoms: If itching and swelling are confined to a localized area, observe the patient closely for the development of generalized symptoms. If symptoms are generalized as noted above, activate the Emergency Medical Systems by calling 911. This should be accomplished by a second rescuer while the patient is being evaluated and managed by the first rescuer, if possible.
2. Dosage: If conditions of anaphylaxis are developing or present themselves, administer Epinephrine USP, 1 mg/mL (1:1000) via an auto-injector (such as EpiPen or Auvi-Q) intramuscularly into the antero-lateral (upper, front) aspect of the thigh (through clothing if necessary) according to the manufacturer's recommendation.
 - For individuals less than 66 pounds, use one EpiPen Jr. auto-injector 0.3 mL epinephrine 1:2000 (or equivalent) to deliver 0.15 mg epinephrine.
 - For individuals 66 pounds or greater, use one EpiPen auto-injector 0.3 mL epinephrine 1:1000 (or equivalent) to deliver 0.3 mg epinephrine.
3. Monitoring: Closely monitor the individual until EMS arrives. Perform CPR and maintain the airway, if necessary. Keep the individual in a supine position (lying flat, face up) unless he/she is having difficulty breathing. If having difficulty breathing, the patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness.

4. Monitor vital signs frequently, if possible. If EMS has not arrived and symptoms persist, a repeat dose of Epinephrine auto-injector every 5-10 minutes after the first dose may be administered.
5. Referral: The individual must be referred to a physician for medical evaluation, even if the symptoms resolve completely. Symptoms may reoccur after the Epinephrine wears off, as much as 24 hours later.
6. Documentation: The details of the incident must be documented in writing on an Accident/Incident Report form and on a Medical Emergency Response Report (if the MERT team responded).
7. Within 4 hours, the school must notify the individual's parent/ guardian and may notify the individual's primary care physician, if not already done by the parent/guardian.

Identifying the School Team

Team members who should be involved in creating an allergen-safe school environment and responding to an anaphylactic emergency, if necessary, may include: School District Administrators, School Nurses, Medical Emergency Response Team members, Teachers, Aides, Food Service Personnel, Coaches, Athletic Director and After-school volunteers, Transportation Personnel and any other staff as delegated by school administrators or school nurses.

Training of Staff

Annual emergency medication training for school staff should include training in the use of epinephrine auto-injections, using the knowledge and hands-on training guidelines of the WI Dept of Public Instruction. Training programs from the American Heart Association, Red Cross or other health education organizations may also be used. Training may be requested at any time from a District Registered Nurse.

Location of Stock Epinephrine Auto-injectors

Stock EpiPens will be maintained by the district registered nurses. There will be at least 2 EpiPens located in each building during the school day. They will be located in each building's office or health room in an un-locked and labeled location.

Liability

Plymouth Joint School District, with its staff and school nurses who administer epinephrine auto-injectors are immune from civil liability for any harm that may result, regardless of whether there is a parental or medical provider's authorization, unless the administration was a result of gross negligence or willful misconduct.