



Bradley County Schools

Health Services



STANDING ORDERS FOR ANAPHYLAXIS

In the event of student or adult anaphylaxis, an EpiPen will be administered by the school nurse or trained personnel according to the following procedure. The school nurse is responsible for training and supervision of unlicensed personnel.

DEFINITION: Anaphylaxis is a severe allergic reaction which can be life threatening. It may occur within minutes after a triggering event up to an hour or more later.

PHYSICAL FINDINGS: Tingling sensation, itching, or metallic taste in mouth
Hives or generalized flushing, itching, or redness of skin
Nasal congestion or wheezing (Asthma-like symptoms)
Swelling of throat, lips, tongue, or eyes
Feeling of apprehension, agitation, sweating, weakness, or shock
Abdominal cramping, nausea, vomiting, or diarrhea
Drop in blood pressure or paleness
Throbbing heartbeat, throbbing in ears, dizziness, or headache
Throat tightness or change in voice
Difficulty breathing or swallowing
Fainting or loss of consciousness
Convulsions

ACTION PLAN:

1. Immediate assessment of respiratory system
2. Call 911 to activate EMS and notify school nurse
3. Select EpiPen or EpiPen Jr. to administer based on estimated weight.
Estimated weight 33-66 pounds: Administer EpiPen Jr (0.15mg dose)
Estimated weight 66 or more pounds: Administer EpiPen (0.30 mg dose)
4. To inject EpiPen, pull off cap, swing and jab firmly into upper or outer thigh, through clothing if necessary.
5. Place individual in position of comfort, sitting or laying on side.
6. Monitor closely until arrival of EMS/Paramedics and begin CPR if necessary. If symptoms continue and paramedics have not arrived within 10-20 minutes, administer additional dose if medication available.

FOLLOW-UP:

1. Refer ALL cases to their personal physician
2. Recommend discussion with physician about avoiding triggers and prescription of EpiPen if indicated.
3. Recommend consultation with an allergist (if indicated) for further evaluation.
4. Complete required documentation / reports.

Physician Signature _____

Date ____/____/____

SCHOOL: _____ EpiPen Location: _____ Exp. Date ____/____/____