

Southwest Vermont Regional Technical School District	ANAPHYLAXIS	Policy # 5185C
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The Southwest Vermont Regional Technical School District recognizes that anaphylaxis is a life threatening allergic reaction that usually occurs within seconds or minutes of exposure to an allergen. Reaction ranges from mild self-limited symptoms to rapid death (peripheral vascular collapse). Anaphylaxis can occur in those with known or unknown hypersensitivity to a food, insect venom, a drug, or latex.

It is the policy of the Regional Technical School District that immediate and appropriate intervention shall be provided to assure the most successful management of an anaphylactic episode.

1. Intervention includes the following:
 - a. Prompt recognition of signs and symptoms
 - b. Administration of appropriate medication
 - c. Rapid transport to an emergency facility

2. In the case of an **UNKNOWN** hypersensitivity anaphylaxis, the nurse will manage the intervention as described above. Medication as prescribed by the school medical advisor will be administered by the nurse as outlined in the attached administrative rules. If the nurse is not available, the rescue squad and parent will be called, or the person will be transported by two staff members and the police will be called for assistance.

3. In the case of a **KNOWN** hypersensitivity anaphylaxis the appropriate doctor's order and epinephrine will be supplied by the allergic person. Willing Staff will be instructed by the school nurse in how to administer the epinephrine.

4. Medical information will be requested from parents.

5. Parents (or those designated by parents) will **always** be notified immediately after medication is given and emergency transport is initiated.

	Date Drafted	Date Warned	Date Adopted
Southwest Vermont Regional Technical School District	5/21/07	8/20/07	9/17/2007

ADMINISTRATIVE REGULATIONS

Anaphylactic reaction is characterized by some or all of the following symptoms and signs. The sooner symptoms develop after the initiating stimulus, the more intense the reaction.

SYMPTOMS:

1. tingling sensation around mouth or face followed by a feeling of warmth
2. tightness of the throat and chest
3. difficulty in swallowing
4. itching
5. dizziness, feeling of faintness
6. wheezing, shortness of breath
7. palpitations
8. swelling
9. feeling of nervousness

SIGNS:

1. severe anxiety
2. generalized flush
3. Urticaria (hives)
4. Cyanosis
5. Vomiting, abdominal cramps
6. Wheezing, paroxysmal coughing, dyspnea
7. angioedema with various degrees of hoarseness, inspiratory stridor, dysphagia, nasal congestion, itching of the eyes
8. edema
9. loss of consciousness
 - a. hypotension
 - b. feeble heart sound, may have an arrhythmia
 - c. cardiopulmonary arrest

UNKNOWN HYPERSENSITIVITIES:

For insect stings, a local reaction only (small or large) is NOT anaphylaxis. For local reactions after an insect sting, wash area and apply ice. Benadryl (Diphenhydramine) may be given if student is complaining of discomfort or itching at the site of the sting only.

PLAN:

1. Observe for any signs or symptoms.
2. If any signs or symptoms (other than local only), call for help.
DO NOT LEAVE THE PERSON ALONE.
3. Maintain airway
4. Start CPR if necessary
5. If nurse is not available, call rescue and the parent: or take the person to the nearest emergency facility (with the help of another person and police).

MEDICATION/DOSAGE:

EPIPEN JR. <45 LBS.

EPIPEN SR. >45 LBS.

If Epipen is not available, dose as follows:

Epinephrine 1:1000 aqueous solution IM or SC in the opposite arm of the insect sting

approx. 22 lbs. 0.1 ml

33 lbs. 0.15 ml

44 lbs. 0.2 ml

55 lbs. 0.25 ml

70 lbs. & > 0.3 ml

A SECOND DOSE MAY BE GIVEN IF THERE IS NO IMPROVEMENT IN 15 MINUTES

6. Diphenhydramine (Benadryl) should be given immediately after any doses of Epinephrine for all conscious persons (without specific allergies to the drug). Liquid (12.5 mg/5 ml) is preferred due to rapid absorption (anaphylaxis significantly slows gut absorption of pills).

7. DOSAGE: Diphenhydramine liquid (12.5mg/5ml) at approx. 1.2 mg/kg of body weight

22 to 32 lbs. -- 12.5mg = 5 ml ==1 tsp

33 too 46 lbs. -- 18.0 mg = 7.5 ml = 1.5 tsp

>46 lbs. -- 25 mg = 10ml = 2 tsp

8. All persons with anaphylaxis from previously undiagnosed hypersensitivities must be transported to the nearest emergency facility for more evaluation and treatment.

KNOWN HYPERSENSITIVITIES:

1. All persons with known hypersensitivities should have their own physician prescription kit and signed Anaphylaxis Plan available at the school.
2. The School Nurse will teach willing staff members how to use the kit.
3. Use the physician prescription kit according to instructions. For persons with known anaphylaxis to stings, food, etc. Epinephrine should be given immediately followed by Benadryl (Diphenhydramine) per directions/dosage listed above. Benadryl is given without need for specific physician orders.
4. The parent and physician should be contacted immediately after medication is given. It is recommended that the person be taken to the nearest emergency facility (contact rescue squad or police) for observation due to the potential for a biphasic anaphylactic reaction (reoccurrence of symptoms/signs after initial resolution of anaphylaxis).

EDUCATION:

1. Encourage parents to provide appropriate medications and signed Anaphylaxis Plan.
2. Encourage person with known hypersensitivities to wear alert bracelet or necklace.
3. Inform staff of allergies of students and staff members.
4. Persons with known hypersensitivities to venomous insects should take the following precautions:
 - a. never go barefoot out of doors
 - b. always wear protective clothing
 - c. do not use scented perfumes or hair sprays.
5. Persons with known hypersensitivities to a specific food should avoid any foods with that ingredient. Persons with peanut or other nut allergies should avoid baked goods in school.
6. Continuing education programs for designated staff should be offered to help them recognize and respond to this situation. This education for designated staff should include CPR instruction.