

# ALLERGY & ANAPHYLAXIS

## Unlicensed Assistive Personnel Training Handout

According to 49414 (a) School districts, county offices of education, and charter schools shall provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered pursuant to subdivision (d), and school nurses or trained personnel may use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction.

Anaphylaxis is a rapid severe allergic reaction that occurs when your body overreacts to an allergen to which the person has been previously exposed. Common causes of anaphylaxis include insect stings, foods, medications and environmental allergens like latex. Students also diagnosed with asthma are at higher risk for a severe reaction.

### ◇ STEP 1: TREATMENT

*Call 911 immediately for child or adult with symptoms of anaphylaxis.*

**ANAPHYLAXIS SYMPTOMS:**  
**THROAT:** Tightening of throat, hoarseness, hacking cough, obstructive swelling (tongue)  
**LUNG:** Shortness of breath, repetitive coughing, wheezing  
**HEART:** Weak pulse, dizziness, fainting, or bluish color to skin  
**SKIN:** Rash, hives over body

**Or combination of symptoms from different body areas:**  
**MOUTH:** Itching, tingling, or mild swelling of lips, tongue, mouth  
**SKIN:** Flushing, hives, itchy rash  
**STOMACH:** Nausea, abdominal pain or cramping, vomiting, diarrhea  
**OTHER:** \_\_\_\_\_



**INJECT EPINEPHRINE IMMEDIATELY**

- CALL 911
- Begin Monitoring
- Additional medications:
  - Antihistamine
  - Inhaler (bronchodilator) if asthma
- Antihistamines and inhalers cannot be depended upon to treat a severe reaction (anaphylaxis) → give Epinephrine first then give antihistamine or inhaler if student able

**\*\*Remember – severity of symptoms can quickly change!**

**MILD SYMPTOMS ONLY**  
 Itchy mouth, few hives, mild itch, mild nausea/discomfort

**OR SUSPECTED INGESTION BUT NO SYMPTOMS**



**GIVE ANTIHISTAMINE**

- Stay with student, alert parent and school nurse
- Monitor for progressing symptoms (see above)

**\* IF SYMPTOMS PROGRESS INJECT EPINEPHRINE**

**Monitoring:** Stay calm and remain with the student. If student can breathe easily while lying down have student lie down and remain lying down. If medications are not immediately available send someone to retrieve medications and bring to student.

**DOSAGE:** Confirm the 5 rights for each medication prescribed - Right Student, Right Medication, Right Dose, Right Route, Right Time (Symptoms)

**Epinephrine:** Auto injectors are designed to administer medication intramuscularly. Standard dosing is 0.15 mg per injection for children under 66 pounds and 0.3 mg per injection for children over 66 pounds. Effect of medication is usually seen in 5-10 minutes. Some students may have 2nd dose ordered if symptoms do not improve in 5-15 minutes.

**Antihistamine:** Fast acting antihistamine is usually given orally and is available in a variety of forms-liquid, chewable, dissolvable strips. The most frequently prescribed medication is Diphenhydramine Hydrochloride – maximum sedative effects usually seen in 1 to 3 hours. Do not give oral medications to a student who is unable to swallow safely.

**Asthma Rescue:** (Bronchodilator) Albuterol is the most commonly prescribed drug. The peak effect of this drug on the lungs takes 30 minutes. Do not rely on inhaler to treat severe symptoms. Use epinephrine for severe symptoms!

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### ◇ STEP 2: EMERGENCY CALLS

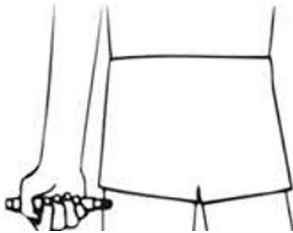
1. If epinephrine given, call 911. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
  2. Contact parent and inform of actions taken as prescribed by Allergy and Anaphylaxis Action Plan. Do not hesitate to administer medications prescribed if parents cannot be reached.
  3. If parents not available notify emergency contacts.
  4. Notify School Nurse of actions taken as prescribed by Allergy and Anaphylaxis Action Plan
- REMINDER: Personnel must take any other medication on all field trips. Make sure phone is close by, if needed. Keep Epinephrine at room temperature. DO NOT FREEZE, refrigerate or keep in extreme heat.

#### EpiPen® and EpiPen®Jr. Directions

- Pull off blue activation cap.



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and jab firmly into outer thigh until Auto Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

#### Twinject® 0.3mg and 0.15 mg Directions

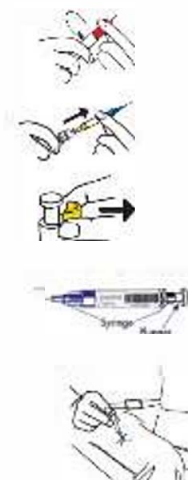
- Remove caps labeled "1" and "2."



- □ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



**SECOND DOSE ADMINISTRATION:**  
If a second dose is required, see specific administration instructions, and follow school district policy.



#### AdrenaClick™ 0.15 mg and 0.3 mg Directions

- A. Remove caps labeled "1" and "2".



- B. Put the RED tip against the middle of the outer side thigh. Press down hard until the needle enters thigh. Hold in place while slowly counting to 10.



- C. Remove the AdrenaClick from thigh.
  - Check the RED tip. If the needle is not visible, repeat Step B.

**Always call 911 when Epinephrine is administered. Student should remain lying down if able to breathe comfortably. Give copy of Allergy & Anaphylaxis Action Plan if available and used Epinephrine device to EMS responders.**