EMERGENCY TREATMENT OF ANAPHYLAXIS
EPINEPHRINE AUTO-INJECTOR

I. GENERAL GUIDELINES

A. PURPOSE
To counteract a severe allergic reaction (anaphylaxis) to a foreign substance as prescribed by the licensed healthcare provider.

B. GENERAL INFORMATION

1. Anaphylaxis (severe allergic reaction) is serious and may be fatal.

2. Anaphylactic reaction can occur immediately or be delayed up to an hour or more after exposure. Reactions usually occur within the first five (5) to ten (10) minutes and need immediate emergency treatment.

3. There are no contraindications to the use of epinephrine for life-threatening allergic reactions.

4. Allergic reactions are generally a hypersensitive response to a foreign substance (allergens) such as:
   a. Stings – wasp, yellow jackets, hornets, bumble bees, honeybees.
   b. Foods – nuts (especially peanuts), seafood, eggs, soy, wheat, cow’s milk, food additives, spices.
   c. Air inhalants – pollens, mold, animal dander or secretions, house dust mites.
   d. Medications
   e. Latex
   f. Chemicals
   g. Exercise
   h. Idiopathic (unknown)

5. Signs and symptoms of a severe allergic reaction:
   a. General: apprehension, cyanosis, pallor, convulsions.
   b. Skin: redness, swelling, hives, itching (more alarming if in the upper chest, neck, or head).
   c. Respiratory system:
      1) Runny or stuffy nose (may be associated with watery, runny itchy eyes).
      2) Itching and swelling of the lips, tongue or throat
      3) Sneezing, hoarseness, cough
      4) Chest tightness, wheezing
      5) Shortness of breath, stridor, choking
d. **Gastrointestinal tract:** abdominal pain or discomfort, nausea, vomiting, diarrhea.

e. **Anaphylactic shock:** collapse of the person and unconsciousness may lead to death from a sudden and serious fall in blood pressure. Symptoms that can precede anaphylactic shock:
   - Pallor, sweating, weakness, dizziness, panic, and sensation of doom.

6. **All individuals receiving emergency epinephrine should be immediately transported for emergency medical care even if symptoms appear to have resolved.**

7. Allergic reactions may also be delayed and present as joint pain, aches and/or localized inflammation days after exposure. In these cases, the individual should be referred to their licensed healthcare provider.

C. **PERSONNEL**

1. School nurse
2. Designated and trained school personnel with current CPR certification under indirect supervision of the school nurse.

D. **EQUIPMENT**

1. Parent responsibilities:
   a. Provide epinephrine auto-injector(s) to the school (i.e. EpiPen Auto-Injector(s), Junior EpiPen Auto-Injector(s) or Twinject)
   b. District form(s) for administration of medication at school or self-administration of medication at school must be completed by the parent/guardian and the student’s licensed healthcare provider. These forms must be updated annually and stored securely in a readily accessible manner.

2. School responsibilities:
   a. A list of students with epinephrine auto-injector orders should be kept in a readily accessible location.
   b. The prescribed epinephrine auto-injector(s) should be labeled with the student’s name and date of birth. Store medication in a locked, easily accessible cabinet, unless other arrangements have been made. Indicate additional storage sites.
   c. When the student goes on a field trip, parent(s) or trained District personnel and epinephrine auto-injector(s) must accompany the student.
### II. PROCEDURE

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<th>ESSENTIAL STEPS</th>
<th>KEY POINTS AND PRECAUTIONS</th>
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<td>1. Determine if anaphylaxis is suspected. When in doubt, treat as an anaphylactic reaction. <strong>Seconds count.</strong></td>
<td>Usually occurs right after an insect sting, ingestion of a medication, or ingestion of foods, such as nuts, fish or milk.</td>
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<td>2. <strong>If any of the following symptoms occur, IMMEDIATELY administer epinephrine and call Paramedics (911):</strong>&lt;br&gt;a. Itching and swelling of the lips, tongue or throat&lt;br&gt;b. Difficulty breathing&lt;br&gt;c. Difficulty swallowing&lt;br&gt;d. Fainting and/or collapse&lt;br&gt;e. Convulsions</td>
<td><strong>Stay with the student.</strong> Immediately have school personnel or other available individual notify the school administrator, school nurse, and parent(s); call 911 and obtain medication from storage location if student does not carry the medication. Epinephrine acts immediately and lasts only 15 to 20 minutes.</td>
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<td>3. <strong>Do not move the student unless they are in immediate danger in the particular location.</strong> Calm and reassure them.</td>
<td>Calming reduces the distribution of the allergens in the body.</td>
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<td><strong>4A. Administer EpiPen Auto-Injector</strong>&lt;br&gt;a. Grasp with fist around unit&lt;br&gt;b. Pull off the BLUE Safety Release Cap&lt;br&gt;c. Swing and firmly push ORANGE tip against OUTER THIGH so it clicks.&lt;br&gt;d. HOLD on thigh approximately 10 seconds to deliver drug&lt;br&gt;e. Place used unit back in carrying tube.</td>
<td>See Figure at end of protocol&lt;br&gt;Can be injected through clothing.</td>
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<td><strong>OR</strong>&lt;br&gt;<strong>4B. Administer Twinject</strong>&lt;br&gt;a. Pull to remove GREEN caps labeled “1” &amp; “2”&lt;br&gt;b. Place rounded tip against middle of OUTER THIGH&lt;br&gt;c. Press down hard until auto-injector fires.&lt;br&gt;d. Hold in place while slowly counting to 10, then remove&lt;br&gt;e. If symptoms DO NOT improve after 10 minutes, administer second dose:&lt;br&gt;1) Unscrew RED rounded tip.&lt;br&gt;2) Pull syringe from barrel and slide YELLOW collar off plunger&lt;br&gt;3) Put needle into thigh. Push plunger down all the way&lt;br&gt;4) Remove needle from skin&lt;br&gt;g. Replace syringe, needle first into case.</td>
<td>Be careful of exposed needle when removing syringe from barrel.</td>
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<td>g. Replace syringe, needle first into case.</td>
<td>Be careful of exposed needle.</td>
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5. If student self-administers, he/she needs to report to trained school personnel IMMEDIATELY after administering medication. School personnel call Paramedics (911).

6. If the reaction is a result of an insect sting, after administering medication, remove stinger by scraping with a finger nail or firm object, such as a credit card. DO NOT push, pinch, squeeze or further imbed the stinger into the skin. This may cause more venom to be injected into the student.

7. Cover student with blanket if necessary To maintain normal body temperature and help prevent shock. Student may feel heart pounding. This is normal.

8. If trained, take vital signs and document. Note time of injection(s).

9. Follow-up medical care should be obtained immediately at emergency room or from licensed healthcare provider. A second delayed reaction may occur later that day as the effects of the medication (epinephrine) wear off.

10. Duplicate emergency card for paramedics When paramedics arrive on the scene, inform of symptoms and time epinephrine was administered. Give the paramedics the expended auto-injector(s).

11. Document on school medication record and complete Incident Report Form online. School Nurse documents on the student’s health record and notifies nursing administrator.

APPROVED: ____________________________ Date ____________________________

Director, Student Medical Services

Director, District Nursing Services
**EPIGEN Auto-Injector and EPIGEN Jr Auto-Injector Directions**

- First, remove the EPIGEN Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Hold orange tip near outer thigh (always apply to thigh).
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIGEN Auto-Injector and massage the area for 10 more seconds.

**Twinject® 0.3 mg and Twinject® 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 symptoms don’t improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.