

Emergency Epinephrine

Auto Injector Devices Procedures

Regulation Code: 5034/6127/7266 - R

Location of Epi Pens in Elementary Schools

Schools are provided two Junior Epi Pens and two Regular Epi Pens, as well as, a storage box that will be housed in the main office of the school. Schools should store the Epi Pen Jr and the Regular Epi Pens in the storage box in the main office at the school.

Epi Pen Jr. should be used with individuals that are 66 pounds or less. Regular Epi Pens are for use with individuals weighing 66 pounds or more.

The Epi Pens should be accompanied by a Food Allergy and Anaphylaxis Emergency Care Plan, a copy of the General Statute, Section 8.23(a) Article 25A, Chapter 115C, a copy of the prescription for the Epi Pens, and a report of epinephrine administration.

Location of Epi Pens in Middle Schools

Schools are provided a storage box that will be housed in the main office of the school. Schools should store one Epi Pen Jr. and one Regular Epi Pen in the storage box located in the main office at the school. Schools should store one Epi Pen Jr. and one Regular Epi Pen in the first aid kit that accompanies school athletic teams to sporting events on the school campus.

Location of Epi Pens in High Schools

Schools are provided a storage box that will be housed in the main office of the school. Schools should store one Epi Pen Jr. and one Regular Epi Pen in the storage box located in the main office at the school. Schools should store one Epi Pen Jr. and one Regular Epi Pen in the AED box that accompanies school athletic teams to on campus sporting events.

Training on the Use of the Epi Pen

The lead nurse and the nursing staff will train the first responders on the administration of the epi pens. Anyone that administers the epi pen should be CPR certified.

Following Administration of the Epi Pens

When an emergency occurs and the use of the Epi Pen is required, call 911 immediately.

Immediately following administration of the Epi Pen, staff should complete the report of epinephrine administration report and contact the school nurse. The school nurse will notify the Director of Student Support Services regarding the use of the Epi Pen.

Replacement of Pens

In January of 2015, two of each of the pens were provided to each school within the district. The district will be responsible for replacing pens if they are used or if they expire. Schools should maintain a minimum of one Epi Pen Jr. and one Epi Pen regular at all times.

Report of Epinephrine Administration

Student Demographics and Health History

1. School District: _____ Name of School: _____
2. Age: _____ Type of Person: Student Staff Visitor Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No
3. Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White Other
4. History of severe or life-threatening allergy: Yes, Known by student/family Yes, Known by school Unknown
- If known, specify type of allergy: _____
- If yes, was allergy action plan available at school? Yes No Unknown
- History of anaphylaxis: Yes, Known by student/family Yes, Known by school Unknown
- Previous epinephrine use: Yes, by student/family Yes, at school No Unknown
- Diagnosis/History of asthma: Yes, Known by student/family Yes, known by school No Unknown

School Plans and Medical Orders

5. Individual Health Care Plan (IHCP) in place? Yes No Unknown
6. Written school district policy on management of life-threatening allergies in place? Yes No Unknown
7. Does the student have a student specific order for epinephrine? Yes No Unknown
8. Expiration date of epinephrine _____ Unknown

Epinephrine Administration Incident Reporting

9. Date/Time of occurrence: _____ Vital signs: BP ____/____ Temp _____ Pulse _____ Respiration _____
10. If known, specify trigger that precipitated this allergic episode:
- Food Insect Sting Exercise Medication Latex Other _____ Unknown
- If food was a trigger, please specify which food _____
- Please check: Ingested Touched Inhaled Other specify _____
11. Did reaction begin prior to school? Yes No Unknown
12. Location where symptoms developed:
- Classroom Cafeteria Health Office Playground Bus Other specify _____
13. How did exposure occur?
- _____
- _____
- _____
- _____

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Please complete all pages.

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14. Symptoms: (Check all that apply)

Respiratory

- Cough
- Difficulty breathing
- Hoarse voice
- Nasal congestion/rhinorrhea
- Swollen (throat, tongue)
- Shortness of Breath
- Stridor
- Tightness (chest, throat)
- Wheezing

GI

- Abdominal discomfort
- Diarrhea
- Difficulty swallowing
- Oral Pruritis
- Nausea
- Vomiting

Skin

- Angioedema
- Flushing
- General pruritis
- General rash
- Hives
- Lip swelling
- Localized rash
- Pale

Cardiac/Vascular

- Chest discomfort
- Cyanosis
- Dizziness
- Faint/Weak pulse
- Headache
- Hypotension
- Tachycardia

Other

- Diaphoresis
- Irritability
- Loss of consciousness
- Metallic taste
- Red eyes
- Sneezing
- Uterine cramping

15. Location where epinephrine administered: Health Office Other specify _____

16. Location of epinephrine storage: Health Office Other specify _____

17. Epinephrine administered by: RN Self Other

If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?

Yes If known, date of training _____ No

Did the student follow school protocols to notify school personnel and activate EMS? Yes No NA

If epinephrine was administered by other, please specify _____

Was this person formally trained? Yes Date of training _____ No Don't know

18. Time elapsed between onset of symptoms and communication of symptoms: _____ minutes

19. Time elapsed between communication of symptoms and administration of epinephrine: _____ minutes

Parent notified of epinephrine administration: (time) _____

20. Was a second dose of epinephrine required? Yes No Unknown

If yes, was that dose administered at the school prior to arrival of EMS? Yes No Unknown

Approximate time between the first and second dose _____

Biphasic reaction: Yes No Unknown

Disposition

21. EMS notified at: (time) _____

Transferred to ER: Yes No Unknown

If yes, transferred via ambulance Parent/Guardian Other Discharged after _____ hours

Parent: At school Will come to school Will meet student at hospital Other: _____

22. Hospitalized: Yes If yes, discharged after _____ days No Name of hospital: _____

23. Student/Staff/Visitor outcome: _____

If first occurrence of allergic reaction:

a. Was the individual prescribed an epinephrine auto injector in the ER? Yes No Don't know

b. If yes, who provided the epinephrine auto injector training?

ER PCP School Nurse Other _____ Don't know

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes No Don't know

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School Follow-up

24. Did a debriefing meeting occur? Yes No Did family notify prescribing MD? Yes No Unknown

25. Recommendation for changes: Protocol change Policy change Educational change Information sharing None

26. Comments (include names of school staff, parent, others who attend debriefing):

27. Form completed by: _____ Date: _____

(Please Print)

Title: _____

Phone number: (_____) _____ - _____ Ext.: _____ Email : _____

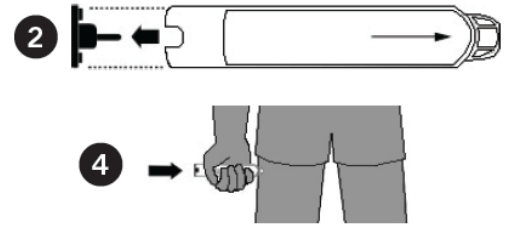
School District: _____

School address: _____



EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/ discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

IF EPINEPHRINE IS ADMINISTERED, MAKE SURE TO DOCUMENT ON THE EPINEPHRINE ADMINISTRATION FORM. ALSO, NOTIFY YOUR PRINCIPAL AND SCHOOL NURSE SO THAT IT CAN BE REPLACED. CALL 911.