Vermont Anaphylaxis Recognize-Treat Protocol – Unknown Allergens

School Administrator may authorize a school nurse or designated personnel to be trained in epinephrine auto-injector administration for a student or other individual at school if the nurse or designated personnel believe in the individual is experiencing anaphylaxis. These designated personnel shall be immune from any civil or criminal liability unless the person’s conduct constitutes intentional misconduct. Providing or administering an epinephrine auto-injector under this section does not constitute the practice of medicine.

Designated Nurse or Personnel Using Established Protocols shall:

**Respond**
- Observe: stay with individual
- Send someone: Get epinephrine fast

**Act**
- Immobilize leg; Administer epinephrine
- Call 911
- Care for individual; may need repeat dose
- Stay with individual/patient, maintain airway/start CPR if needed
- Ask someone to notify parent/guardian, significant other

**Transport**
- Send current student’s/staff’s emergency health information if available
- Tell EMS what you know
- Send used auto-injector to ED and a copy of the school’s intervention plan (copy kept with stock epi)

**Document**
- Use form requested by school nurse/administrator
- Also fill out school incident report with in 24 hrs.
- Confidentiality (see back)

**Evaluate**
- Notify school nurse or building administrator ASAP
- Notify prescribing health provider; Replace stock auto-injector epinephrine
- Revise plan as needed; Reinforce/update training
- Copy of School Allergy Management Plan attached to stock epinephrine.
Recognize Anaphylaxis Symptoms

Recognize the Common Anaphylaxis Symptoms
- Sudden difficulty breathing, wheezing
- Hives, generalized flushing, itching, or redness of the skin
- Swelling of the throat, lips, tongue; tightness/change of voice; difficulty swallowing
- Tinging sensation, itching, or metallic taste in mouth
- Feeling of apprehension, agitation

Does individual have a known allergy (ex. to foods, insect stings, bites, medications, or latex)?

YES

Does individual have an emergency action plan immediately available?

NO

Determine proper dose of epinephrine.
- Administer epinephrine per standing order. Note the time and dose given.
- Maintain airway, monitor circulation, start CPR as necessary.
- Call 911. Advise anaphylaxis suspected and epinephrine was given.
- Call School Nurse/Administration and advise of situation.
- Direct someone to call parent/guardian.

Repeat dose after 5 to 15 minutes if symptoms persist.
- Stay with and monitor individual until EMS arrives.
- Provide EMS with used epinephrine auto injector labeled with name, date, and time given to take to hospital with student.

Make sure parents/guardians notified to follow up with private physician.
- Complete incident documentation.
- Order replacement epinephrine auto injector(s).

EMS transport to hospital.
Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician.

Adapted 2013 by Vermont Department of Health from, Virginia AAP Algorithm for Anaphylaxis Recognition (July 2012).
Administration of Epinephrine Auto-Injector: ALWAYS REFER TO PACKAGE INSERT

EPIPEN® & EPIPEN JR®

1. Remove the blue safety release by pulling straight up without bending or twisting it.

2. Swing and push firmly the orange tip against outer thigh so it “clicks”

   Hold firmly in place for 3 seconds to deliver drug.

Auvi-Q™ (Epinephrine Injection, USP) Directions

1. Remove the outer case of Auvi-Q. this will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

AdrenaCLICK® /AdrenaCLICK® Generic Directions

1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.
Annotated Bibliography:

AAAAI American Academy of Allergy Asthma & Immunology (2016)
Epinephrine autoinjectors save lives but can cause lacerations and other injuries
https://www.aaaai.org/global/latest-research-summaries/New-Research-from-JACI-In-Practice/epinephrine-autoinjectors-(1)


Recommendations (adapted from Brown, et al. [2016]):

1. The child’s leg should be immobilized. Whenever possible, a child should be well restrained during injection to minimize any leg movement during medication administration and to prevent injuries.
2. Hold the auto-injector against the thigh and push until the device click is heard. The swing approach is not necessary.
3. The needle should remain inserted in the thigh for as short a time as possible.
4. The needle should be strong enough that it does not bend during use.
5. The needle should never be reinserted.

FARE Blog, (June 15, 2016) Updates to Instructions for Use of Epinephrine Auto-Injectors
https://blog.foodallergy.org/2016/06/15/updates-to-instructions-for-use-of-epinephrine-auto-injectors/

Given the life-threatening nature of severe allergic reactions, it is critical that patients and caregivers be trained in the proper use of auto-injectors. The U.S. Food and Drug Administration (FDA) has made updates to the patient instructions for epinephrine auto-injectors. Please note that there are no changes being made to the devices themselves.

The updates are as follows, as provided by Mylan, makers of EpiPen® and EpiPen Jr® Auto-Injectors:
FDA Updates Patient Instructions for Usage
http://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019430s061lbl.pdf
#Patient

Trainings to administer epinephrine auto-injectors