

Palmyra Area School District

SECTION: PUPILS

TITLE: ANAPHYLAXIS/
HYPERSENSITIVITY
PROTOCOL

ADOPTED: January 12, 2006

REVISED:

ANAPHYLAXIS/HYPERSENSITIVITY PROTOCOL

Definition: A Rare, extremely serious form of allergy.
Onset is rapid, may be momentary, and requires instant action to prevent fatality.

Causes: Extreme sensitivity to one or more of the following:

1. Insect sting, usually bee or wasp
EXTREME HYPERSENSITIVITY/ANAPHYLAXIS TO INSECT STING IS A POTENTIALLY LIFE-THREATENING CONDITION.
Known allergic students should receive medication, as per private physician's orders, as soon as the sting is reported. Do not wait to observe for any reactions.
2. Medication or immunizations, usually by injection
3. Food or pollen
4. Industrial or office chemicals or the vapors

Physical findings:

1. Sudden onset
2. Feeling of apprehension, sweating, weakness
3. Itching, and swelling of the lips, tongue or mouth
4. Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
5. Hives, itchy rash and/or swelling about the face or extremities
6. Shortness of breath, repetitive coughing, and/or wheezing
7. "Thready" pulse, "passing-out," shock, coma

Management:

1. Keep an emergency adrenalin kit renewed annually, in a cool place where the nurse, or her designee can reach it quickly.

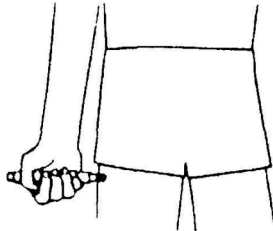
2. For known hypersensitivity, the school nurse should review the Emergency Medication procedure, as written by the child's private physician, with the child's parents and obtain their written permission to give the medication as soon as possible after exposure to allergen occurs.
3. Immediately inject adrenalin:
Epi-Pen Jr. for children less than 30kg (66 pounds)
Epi-Pen for children 30kg or more

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

4. Remove stinger, if obvious. Use fine tweezers or long fingernail to scrape off the stinger. Do not grasp the fleshy portion of the venom sack, for it will inject more venom.
5. The child should be allowed to give own injectable medication if properly prescribed/instructed by private physician and written consent has been obtained by the parent.
6. If the school nurse is not present and the child cannot self-administer the medication, the Principal or designee shall administer the medication. If this is not possible, the child should be evacuated to an emergency medical facility as soon as the insect sting or food ingestion is reported.
7. Apply ice pack to slow the absorption.
8. Immediately call 911 for evacuation to nearest facility.
9. Monitor blood pressure.
10. Elevate legs if blood pressure is low.
11. Cover with blankets, if necessary, to keep warm.
12. Refer all cases to emergency room. Contact parent to report the incident.

Signature of School Physician

Date _____