

ANAPHYLAXIS POLICY

Upon entering the school district, before the student attends class; the guardian will meet with the school nurse or the covering school nurse to give the nurse health information, including allergies, anaphylaxis and severe medical concerns. If the school nurse is not available, the guardian is to fill out the health history form and a yellow sheet asking for information regarding potentially life threatening health issues. These two sheets are to be given to the school nurse before students are in attendance.

Anaphylaxis Policy is a matter of Public Health Law 2500-H*II

SIGNS OF ANAPHYLAXIS

Sudden onset.

Psychological: Feeling of apprehension or impending doom, weakness, fear, panic, lightheaded.

Face: Flushing, itching or tingling sensation around mouth or face. Swelling of lips, tongue, eyelids or mouth. Nasal congestion.

Skin: Hives, flushing, itching, sweating, itchy rash, swelling of the face, hands, around eyes or extremities. Warmth, blueness.

Gut: Abdominal cramps, occasionally nausea and vomiting, diarrhea, GI upset, pain.

Throat: Tightening of the throat, hoarseness, cough, difficulty swallowing or talking.

Lungs: Shortness of breath, repetitive coughing, wheezing, shallow respirations, labored breathing, tightness in chest, prolonged exhalation, tachypnea, stridor, or other respiratory distress.

Heart: Thready, weak pulse, low blood pressure, tachycardia, fainting

Management:

Diphenhydramine (Benadryl) may be given for allergic reactions NOT OF THE STATURE OF ANAPHYLAXIS in an attempt to abort an anaphylaxis reaction from developing. Diphenhydramine takes 15-20 minutes for onset, therefore; If symptoms worsen, Epinephrine may be given by the school registered nurse.

Anaphylaxis symptoms present or history of acute, severe reactions will require Epi-Pen administration at onset of symptoms, rather than Diphenhydramine.

Diphenhydramine administration:

Do not give to students under 4 years old

Estimate weight if time and equipment constraints are present (IE: no scale).

Liquid 12.5 mg/teaspoon

Give 3/4 tsp. for 20-24 pounds (4 ml)

Give 1 tsp. for 25-37 pounds (5 ml)

Give 1 ½ tsp. for 38-49 pounds (7.5 ml)

Give 2 tsp. for 50-99 pounds (10 ml)

Give 4 tsp. for adult or student over 100 pounds = 50 mg

Diphenhydramine dosing is the same for chewable 12.5 mg tablets.

Diphenhydramine may be in 12.5 mg/5 ml (1 teaspoon) or 25mg tablets and tablets.

Dosing to be computed as necessary for above requirements.

1. Immediate injection of epinephrine:
 - Epi-Pen Jr. 0.15 mg if weight is under 50 pounds
 - Epi-pen 0.3 mg if weight is over 50 pounds
 - Do not stop to check weight! An estimate is sufficient in an emergency!**
2. Be prepared to use CPR, if needed
3. Call 911 and monitor victim
4. Call parents. Students may be released directly in the guardian's care, if they are able to get to the school before the 911 personnel.
5. Nurses are to inform NY Statewide School Health Services Center, 43 Turner Drive, Spencerport, NY 12165. Forms and contact information is on their website.

Preventative Measures:

Registered nurses may train school personnel to give Epi-Pen injections for a specific student with a specific order, if the staff member chooses to take that responsibility for one of their students. The registered nurse will train the staff member and keep track of the training documentation. Training applies for the school year in which the training was given only.

School nurses should be allowed to address the staff, including bus drivers, to answer questions and give information on allergies and anaphylaxis. This could be accomplished in large part by having the registered nurse in each building address a faculty meeting for several minutes.

Following the above procedure to get life threatening health information to the nurses for processing before the students are in attendance should help to prevent anaphylaxis.

Adoption date: December 14, 2015