

**SOMERSET PUBLIC SCHOOLS
AND
SOMERSET-BERKLEY REGIONAL HIGH SCHOOL
School Health Services
School Year 2023-2024**

STANDING ORDER & PROTOCOL FOR SEVERE ANAPHYLACTIC REACTION

Administration of epinephrine by auto-injector and Benadryl, by School Nurses in the Somerset Public Schools, to previously undiagnosed individuals who experience their first life threatening allergic event in the school setting.

- A. Definition: Life threatening form of allergy with **sudden onset** and requiring instant action to prevent fatality.
- B. Causes: Extreme sensitivity to one or more of the following:
1. Insect sting, usually bee or wasp
 2. Medication, usually by injection
 3. Food Allergy
- C. Physical Findings: Assess patient for symptoms of shock/allergic reaction:

SYMPTOMS:

- | | | | |
|-----------|--|---------------------------------|--|
| • Skin | Hives, itchy rash, swelling of face or extremities | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| • Mouth | Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| • Gut | Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| • Throat* | Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| • Lung* | Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| • Heart* | Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| • Other* | _____ | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| • | If reaction is progressing (several of the above areas affected), give | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |

*Potentially life-threatening. The severity of symptoms can quickly change.

- D. Management: (depending on symptoms above)

1. Administer epinephrine by auto-injector according to the following dose schedule:
Child weight: < 66 lbs: Epi-Pen Jr. (0.15mg) IM (thigh)
Child weight: ≥ 66 lbs: Epi-Pen (0.3mg) IM (thigh)
2. Administer Benadryl 25mg PO
3. Have someone call 911, transport to nearest hospital
4. Have someone contact parent or guardian (if student)
5. Monitor blood pressure and respirations, initiate CPR if necessary

School Physician (PRINT): Katherine Frias MD

School Physician (SIGNATURE): [Signature]

DATE: 7/1/2023

Address: 531 Faunce Corner Rd
Dartmouth, MA 02747

Telephone Number: 508 996-3991