

FREDERICK COUNTY PUBLIC SCHOOLS	Reg. No. 200-39
Subject: EMERGENCY CARE FOR SEVERE/LIFE THREATENING ALLERGIC REACTIONS	Date of Issue: 10/22/90
Preparing Office: Office of the Superintendent	Amended: 5/23/11

I. Policy

II. Procedures

Many individuals may have life threatening allergic reactions when exposed to a wide variety of substances. Anaphylaxis refers to this type of severe allergic reaction. An epinephrine auto-injector is a pre-filled syringe designed to automatically inject epinephrine (adrenaline) into the outer thigh to provide initial emergency treatment for these reactions (An EPIPEN is the most common type of epinephrine auto-injector.) When an epinephrine auto-injector is used, 911 must always be called.

- A. The Frederick County Health Department (FCHD) school health employees are responsible for requesting additional information about student's physical reactions to known allergic substances when the parent indicates an allergic condition on a student emergency card or other health record.
- B. It is the responsibility of the FCHD registered nurse (RN) to alert appropriate FCPS staff which may include, but not be limited to, the principal, classroom teacher, and bus driver, that an individual student has an EPIPEN.
- C. In schools where students have epinephrine auto-injectors, the FCHD RN is responsible for training designated FCPS staff on an annual basis.
- D. A completed "Authorization for Management of an Anaphylaxis" form (Exhibit 1), signed by the health care prescriber and parent/guardian, is required prior to administration. The order must be student and dose specific.
- E. The parent/guardian is responsible for providing a properly labeled epinephrine auto-injector of the correct dosage.
- F. Authorization forms must be renewed at the beginning of each school year and kept up to date.
- G. Epinephrine auto-injectors are to be stored in a clearly labeled, secured accessible area.
 - With health care prescriber authorization and parental consent, students with known severe allergic conditions may carry their epinephrine auto-injector with them.
- H. Any FCHD or FCPS employee may administer an epinephrine auto-injector to an individual experiencing a severe allergic reaction as an emergency measure.

- I. If it is necessary to administer an epinephrine auto-injector, the “Epinephrine and Adjunct Medication Administration Procedure and Record” form (Exhibit 2) should be followed. The top portion of this form should be filled out by the FCHD School Health Employees when an order for an EPIPEN is received.

Cross reference Reg.No. 400-23 Medication Administration

Approved:

original signed by

Linda D. Burgee
Superintendent

**FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT
AUTHORIZATION FOR MANAGEMENT OF ANAPHYLAXIS**

This order is valid only for the current school year _____ (Including Summer Session)

Epinephrine injections are usually administered by school health staff. In the event that health staff is unavailable, the epinephrine injection will be administered by an FCPS employee. The employees are trained by a registered nurse to give the injection.

- **911 will be called** while the student, health staff or school staff administers the epinephrine.
- Prescription medication must be in a container labeled by the pharmacist or health care provider.
- Over-the-counter medication must be in the **original unopened container** with the label intact.
- Thoroughly review reverse side of form before completion.

Name of Student:	Date of Birth:
Allergies:	Grade:

HEALTH CARE PROVIDER AUTHORIZATION

Type: List name of medication	Dose: Check appropriate box(es)	Route: Check appropriate box(es)
Epinephrine: <i>(single dose auto-injector only)</i>	<input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.30 mg	<input type="checkbox"/> IM
Antihistamine 1x Dose: <i>(adjunct medication)</i>	<input type="checkbox"/> 12.5 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> _____ mg	<input type="checkbox"/> Liquid <input type="checkbox"/> Melts <input type="checkbox"/> Tabs (tabs or strips)
Other Medication: <i>(adjunct medication)</i>	<input type="checkbox"/> _____ mg	<input type="checkbox"/> _____

Yes No Repeat epinephrine dose in _____ minutes if no response is seen and EMS has not arrived*
* Parent/guardian must provide second dose of epinephrine for school.

Medication to be Administered:

- Epinephrine only
- Epinephrine and then antihistamine _____ minutes after epinephrine.
 Proceed with other medication (if ordered above) _____ minutes after antihistamine.
- Antihistamine and then call parent/guardian to pick up student from school.
 Proceed with epinephrine if 1 or more of the following signs/symptoms is seen: difficulty breathing, chest tightness, audible wheezing, or itching, tingling, swelling of lips, tongue, and/or mouth.

Administer Medication:

- Immediately after insect sting/bite (specify): _____
- Immediately after the ingestion of (specify): _____
- Immediately after contact with (specify): _____
- Unknown etiology

Is student competent to self-carry epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is student competent to self-administer epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Possible Medication Side Effects:
Epinephrine: palpitations, rapid heart rate, sweating, nausea and vomiting
Antihistamine: drowsiness, sedation, sleepiness, dizziness, restlessness, hypotension, palpitations
 Other: _____

Health Care Provider's Name/Title: (Type or Print) _____

Phone: _____	Fax: _____
Address: _____	

Health Care Provider's Signature: _____	Date: _____
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PARENT/GUARDIAN AUTHORIZATION

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order.

Primary Contact Phone: _____	2 nd Phone: _____
Parent/Guardian Signature: _____	Date: _____

REGISTERED NURSE AUTHORIZATION

Is student competent to self carry epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is student competent to self-administer epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No
RN Signature: _____	Date: _____

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS AND HEALTH CARE PROVIDERS

1. An acute allergic reaction can be a life-threatening situation. Completion of this form in its entirety is vital so that epinephrine can be administered and emergency care implemented.
2. If the student experiences an acute allergic reaction, FCPS personnel will dial 911 while the student/FCHD school health employees/or FCPS staff administers epinephrine. The parent/guardian will be notified.
3. The parent/guardian must pick the student up from school when an antihistamine is given without epinephrine. This action is for the safety of the student as the antihistamine side effects can decrease the awareness of anaphylaxis symptoms.
4. Epinephrine sent to school, must be labeled by a registered pharmacist with the name of the medication, the dose, the name of the health care provider, the name of the student, and directions for administration.
5. The parent/guardian must note the expiration date on the pharmacy label or over-the-counter container and provide a new medication prior to expiration date.
6. The registered nurse must review and approve these forms prior to administration.
7. Health care provider and registered nurse must indicate whether the student is competent to self administer and/or self carry, if needed.

FREDERICK COUNTY PUBLIC SCHOOLS / FREDERICK COUNTY HEALTH DEPARTMENT

Epinephrine and Adjunct Medication Administration Procedure and Record

Name of Student: _____

Date of Birth: _____ Grade: _____ School Year: _____

EMERGENCY CONTACTS:

Parent/Guardian Name: _____ Relationship: _____

Primary Contact Phone: _____ 2nd phone: _____

Health Care Provider Name: _____ Phone: _____

RN Signature: _____ Date: _____

Adjunct Medication Administration Record:				
Medication	Dose	Time	Date	Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EPINEPHRINE ADMINISTRATION PROCEDURE AND RECORD

PURPOSE: To provide immediate access to emergency information and administration procedure of epinephrine.

- DIRECT SOMEONE TO CALL 911**, ask for an ambulance and explain the nature of the emergency.
- DIRECT SOMEONE TO CALL THE PARENT/GUARDIAN.**
- GIVE EPINEPHRINE.**

A. ADMINISTRATION PROCEDURE:

- Locate area for injection (outer thigh).
- Pull off safety cap.
- Place needle end tip on outer thigh.
- Push hard until you feel the auto-injector inject. Hold in place 10 seconds.
- RECORD** medication name, dosage, time administered, date and signature of the person administering.

Epinephrine Administration Record:			
1 st Dose	Time	Date	Signature
_____	_____	_____	_____
If ordered:			
2 nd Dose	Time	Date	Signature
_____	_____	_____	_____

- SEND STUDENT TO THE EMERGENCY ROOM VIA AMBULANCE. FCPS MUST ACCOMPANY STUDENT IF NO PARENT/GUARDIAN IS AVAILABLE.**
- SEND A COPY OF THIS DOCUMENT** to the emergency room with the emergency personnel.