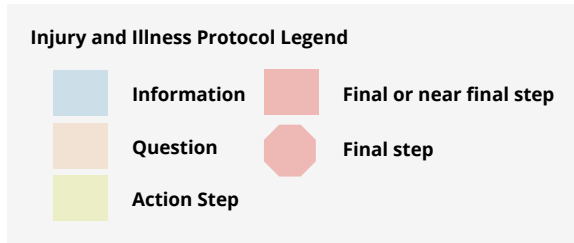


ALLERGIC REACTION

ALGORITHM FOR MANAGEMENT OF MEDICAL EMERGENCIES



Children may experience a delayed allergic reaction up to 2 hours following exposure to allergen (i.e. food ingestion, bee sting, etc.)

NO

Does the student have any symptoms of a **SEVERE** allergic reaction which may include:

- Blueness around mouth, eyes?
- Confusion?
- Difficulty breathing?
- Dizziness?
- Drooling or difficulty swallowing?
- Feelings of impending doom?
- Flushed face?
- Hives all over body?
- Loss of consciousness
- Paleness?
- Seizures?
- Swelling to face, lips, tongue, mouth?
- Vomiting?
- Weakness?

Does the student have any symptoms of a **MILD** allergic reaction which may include?

- Red, watery eyes?
- Itchy, sneezing, runny nose
- Hives or rash on one area.

YES

• Check student's airway.
• Look, listen and feel for breathing
• If student stops breathing, start CPR

Adult(s) supervising student during normal activities should be aware of the student's exposure & should watch for delayed symptoms of a severe allergic reaction (see above) for up to 2 hours.

Does the student have an emergency care plan available or does the school have stock epinephrine available?

Does the student have an allergy emergency plan?

YES

NO

NO

YES

NO

Continue monitoring initiate CPR if needed.

Stock Epinephrine

Student emergency care plan

If student is so uncomfortable and unable to participate in school activities, contact authority & parent/guardian.

CALL EMS/911
Contact responsible school authority & parent/guardian.

Refer to the school's non-student specific stock epinephrine protocol. Administer stock epinephrine as indicated.

Refer to the student's plan, Administer healthcare provider & parent approved medication as indicated.

Refer to the student's plan. Administer healthcare provider & parent approved medication as indicated.

If unable to reach parent/guardian, allow student to rest with adult supervision. Monitor for signs & symptoms of severe allergic reaction.

Document care provided & medication administered, if applicable.

References:

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- Cosby, M.F, Lyons, E., Prestidge, L. (2019). Students with acute illness and injury. In J. Selekman, R.A. Shannon, R. A., & C.F. Yonkaitis (Eds.), *School nursing: A comprehensive text* (pp. 415-455). Philadelphia, PA: F. A. Davis Company.
- National Association of School Nurses & Epinephrine Policies and Protocols Workgroup of the National Association of School Nurses. (2014). *Sample protocol for treatment of symptoms of anaphylaxis - Epinephrine autoinjector administration by school health professionals and trained personnel for school age children - Kindergarten - Grade 12*. Retrieved April 15, 2020, from https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Epinephrine%20Policies%20Protocols%20and%20Reporting/Sample_Anaphylaxis_Epinephrine_Administration_Protocol.pdf.
- Schoessler, S., & White, M.V. (2013). Recognition and treatment of anaphylaxis in the school setting: The essential role of the school nurse. *The Journal of School Nursing, 29*(6) 407-415.