**Use of Emergency Undesignated Epinephrine for Students**

Undesignated epinephrine auto-injectors may be used on any student experiencing anaphylaxis if they have not been prescribed an injector or if their designated auto-injector is inaccessible.

**Recognizing Anaphylaxis:**

1. Mild symptoms:
* Nose – itchy/runny nose, sneezing
* Mouth – itchy mouth
* Skin – a few hives, mild itch
* Gut – mild nausea/discomfort
* Mental – sense of impending doom, anxiety, confusion
1. Severe symptoms:
* Lung – shortness of breath, wheezing, repetitive cough
* Heart – pale, blue, faint, weak pulse, dizziness
* Throat – tight, hoarse, trouble breathing/swallowing
* Mouth – significant swelling of the tongue and/or lips
* Skin – many hives over body, widespread redness
* Gut – repetitive vomiting, severe diarrhea

**Administering Epinephrine**

If a student shows any of the severe symptoms or a combination of symptoms from different body areas, immediately administer an epinephrine auto-injector.

* 1. Choose pediatric dosage for a student weighing 33 to 66 pounds or an adult dosage for a student weighing 66 pounds or greater. If unsure, utilize the adult dosage for 2nd grade and older.
	2. Inject into the middle of the outer thigh while noting the time and site of injection. Hold for 10 seconds.
	3. Monitor closely.
	4. Designate a person to call 9-1-1 and request an ambulance with an epinephrine.
	5. Lay the student flat on the ground, elevate legs and keep the student warm. If breathing is difficult or if they vomit, let them sit up or lie on their side.
	6. If symptoms return or do not improve within 5 minutes, administer second dose of epinephrine.
	7. Alert student’s emergency contacts.
	8. Give epinephrine injectors used to the EMS person when they arrive.

If a student shows mild symptoms from a single body area, administer antihistamines if ordered by a health care provider.

1. Stay with the student and alert student’s emergency contacts.
2. Watch closely for changes.
3. If severe symptom(s) develops or a mild symptom develops from more than one body area, immediately administer an epinephrine auto-injector.
4. Follow the instructions outlined above.

Follow the Incident Reporting protocol after medication is used.

**After-Incident Protocol for AOM’s:**

1. Provide immediate notice via phone to the student’s parent/guardian to inform them of the incident.
2. Provide a written report to the school health suite personnel and school Undesignated Medication Liaison detailing the incident if they were not present on the scene. The written report must include:
	1. Time and place of the incident
	2. Symptoms displayed by the student and their alignment with the student’s IHP
	3. Chronological description of the incident
	4. Medication administered (type and dose)
	5. Resolution
3. Student condition post-medication administration
4. Whether 9-1-1 was called
5. Whether the student was returned to class or released to a parent/guardian (applicable only after administration of albuterol)
6. Whether student was transported to the hospital via ambulance (required after administration of epinephrine)
7. Provide written Use of Emergency Epinephrine letter to student’s parent/guardian including details of incident and request them to follow up with student’s primary healthcare provider. This should include the same information as in the written report.

**After-Incident Protocol for Liaisons:**

1. Update the Undesignated Emergency Medication (UEM) inventory log with the UEM(s) used.
2. Submit the incident report to DC Health within one business day of administration of UEM(s).