**Sample Procedure for Unlicensed School Staff Responding to**

**Severe Allergic Reactions (Anaphylaxis)**

**What It Looks Like**

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| --- | --- | --- |
| **F**ace | Mouth | Itching and swelling of lips, tongue or mouth |
| Throat\* | Itching and/or a sense of tightness in throat, hoarseness, cough |
| **A**irway | Lungs\* | Trouble breathing, repetitive coughing and/or wheezing |
| **S**tomach | Gut\* | Nausea, abdominal cramps, vomiting and/or diarrhea |
| **T**otal Body | Heart\*  Skin | Thready pulse”, fainting, dizziness, sense of doom  Hives, itchy rash, and/or swelling of face or extremities |

**\*These symptoms can potentially progress to a life-threatening situation**

**What to Do**

**Give EAI Immediately and Call 911 Or Instruct Someone To Do So Immediately   
Notify the school nurse if available**

1. Remove the safety cap being careful not touch the administration end
2. Place the tip or end of the unit against the upper, outer thigh (through clothing if needed)
3. Press the unit hard into the victim’s thigh until EAI clicks or emits a verbal prompt and hold in place as directed by the manufacturer of the EAI (generally 3-10 seconds) Remove EAI and massage the injection area for 10 seconds or as instructed, and record the time of the injection
4. For units with exposed needles, carefully place the unit into the protective case, needle end first
5. Monitor and assist the victim to lie down and elevate feet and If symptoms get worse or return, give a 2nd EAI
6. Notify parents/guardians and administration
7. Document time, suspected allergen if known and response steps taken to activate EMS
8. Give the used EAI to EMS as indicated in the school/school district procedures
9. Follow district policy for emergency transport and documentation

**Epinephrine Auto-Injector Dosages**

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| --- | --- |
| **Amount** | **Approximate Age/Weight/Grade** |
| 0.15 mg of epinephrine via auto-injector | Ages / / |
| 0.30 mg of epinephrine via auto-injector | Ages / / |

**Notify the Following Contact of EAI Administration:**

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| --- |
| Name: |
| Phone: Email: |

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_