

## Specialized Health Care Procedure:

### **Administering Emergency Injectable Medication (EpiPen)**

**Purpose:** Anaphylaxis is an allergic reaction of the body to a foreign protein or drug. Sudden and severe reactions in the body affect the heart and respiratory systems. School personnel need to know which students have been prescribed an EpiPen for allergic reactions and to be aware of where these students are during the school day to react calmly but swiftly in an allergic reaction situation.

**Requirements:** Parents/guardians are required to complete and sign a medication permission form at the student's school. An Allergy Action Plan, completed by the prescribing physician, must be signed by the physician and the parent. Parents/guardians are required to supply all medication and equipment needed to administer the medication.

**Personnel authorized to perform procedure:** Can be performed by an RN or LPN, or by any designated staff member trained by the nurse. Training will be reviewed on a yearly basis.

**Equipment required:** EpiPen syringe with prescription information printed on the box.

**Special Considerations:** Administration of an emergency injectable (EpiPen) is done to relieve a life-threatening situation. It is important that the rescue squad ("911") be called to assess the student's response to the medication or to determine further needs. The student should never be left alone during this situation.

#### **Procedure:**

1. Depending on the status of the student, either have him/her brought to the clinic/office for care, or have the trained person with the EpiPen go to the student's location.
2. Identify the need for administration of the EpiPen according to the student's individual Allergy Action Plan. Symptoms may include any of the following: shortness of breath, hives, itching, redness of the skin, sneezing, coughing, wheezing, constriction in chest or throat, difficulty swallowing, confusion, and a feeling of impending disaster.
3. Have someone call 911 and tell them that a student is having a severe allergic reaction and you are about to administer an EpiPen.
4. Verify that the name on the prescription box is the same as that of the student to receive the injectable.
5. Administer the EpiPen with the student lying down:
  - Pull off the blue safety cap.
  - Hold the orange tip near the skin on the upper outer thigh.
  - Swing and jab firmly into outer thigh until auto-injector mechanism functions and hold in place for 10 seconds. (Can go through clothing.)
  - Massage injection area for 10 seconds..
  - Place used EpiPen in storage container and give to EMS.
6. Notify parents/guardians and prepare for the arrival of paramedics. Be prepared to perform CPR if needed.
7. Follow up later in the day with the parents/guardians to check on the condition of the student, and to be sure they bring another EpiPen to school before the student returns.

## Parent Authorization for Specialized Health Care Procedure

I, the undersigned, who is the parent/guardian of \_\_\_\_\_  
request that the following health care service:

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be administered to my child. I understand that a trained designated staff member will be performing this procedure. It is my understanding that in performing this procedure, the designated person(s) will be using a standardized procedure which has been approved by our physician. I will notify the school immediately if the health status of our child changes, I change physicians, or there is a change or cancellation of the procedure.

**Signature of parent/guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

## Physician's Order for Specialized Health Care Procedure

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Procedure: **Administering Emergency Injectable Medication**

Check one:

- \_\_\_\_\_ I have reviewed the Health Care Procedure and approve of it as written.
- \_\_\_\_\_ I have reviewed the Health Care Procedure and approve of it with the attached amendments.
- \_\_\_\_\_ I do not approve of the Health Care Procedure. A substitute procedure is attached.

Duration of the procedure (not to exceed current school year): \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_