




GET TRAINED®



Get Trained 2016 Updates

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It's time for all school staff to
GET TRAINED
to administer an epinephrine auto-injector
in an emergency!

What Would You Do?

- + Bianca has a bee sting allergy
- + Her class is on a field trip
- + She tells the teacher that she was stung –
 - + The teacher sees that she is pale and can hear that she is wheezing
 - + Her tongue starts to swell, she gasps for air
 - + Bianca is experiencing anaphylaxis



Bianca

You have moments to react

- + Bianca is having a life-threatening allergic reaction
- + Without prompt treatment with a drug called epinephrine, Bianca could die within minutes
- + *Do you know what to do?*
- + *Do you know how to give epinephrine?*

**BE EMPOWERED TO SAVE
A LIFE -**



Objectives

- + Learn the signs and symptoms of anaphylaxis
- + Have the skills to administer an epinephrine auto-injector
- + Review the use of an Emergency Care Plan in responding to a student health emergency

Learn to save the life of a child like Bianca!



What is an allergic reaction?

- + An allergy occurs when the immune system mistakenly attacks a food protein or normally harmless substance – it perceives the food or substance as a harmful or foreign one
- + Exposure to the offending food or allergen may trigger the sudden release of chemicals, including histamine, resulting in symptoms of an allergic reaction
- + The symptoms may be mild or severe – may progress over minutes or hours

FARE, 2015

Allergic Reactions

- + Common things people are allergic to (allergens) include:
 - + Bee stings
 - + Latex
 - + Food Allergies - most common allergens:

Peanut	Tree nuts (walnuts, cashews, pecans, etc.)
Milk	Egg
Wheat	Soy
Fish	Shellfish

FARE, 2015

Allergic Reactions

Mild

- Usually only mild skin symptoms
- Don't tend to have trouble breathing
- May be treated with antihistamines

Life-Threatening (Anaphylaxis)

- Difficulty breathing or feeling faint
- Often multiple body systems involved
- Treatment = Epinephrine NOW

Important to make the distinction based on the signs and symptoms seen in a student!

Fineman, 2014

Anaphylaxis ("an-a-fi-LAK-sis")

- + Anaphylaxis is a severe allergic reaction that can be life-threatening in a matter of minutes
 - + Almost always unanticipated
- + It must be treated immediately
- + The drug of choice is epinephrine
- + The time to learn how to give life-saving medication is NOW- it needs to be given without delay

It's time to GET TRAINED!

Sicherer & Simons, 2007
Schoessler & White, 2013

Allergic Management

- + Preventing an exposure is key
- + For students with a diagnosed allergy:
 - + **Know who can help!**
 - Talk to your school nurse or healthcare coordinator
 - + **Know how to react!**
 - Know the signs and symptoms of anaphylaxis
 - Learn about the student's Action / Emergency Care Plan
 - Know where your student's medication is and how to help in an emergency
- + **IF A CHILD IS HAVING A FIRST TIME REACTION AND DOESN'T HAVE A PLAN – DON'T DELAY USING EPINEPHRINE IF NEEDED**

Robinson & Ficca, 2011

Allergy Management

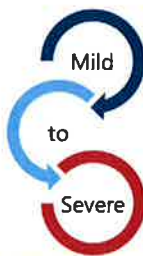
- + Collaboration is vital – everyone should be aware of students with allergies

Classroom Teachers	School Administration
Special Area Teachers	Food Service
Student Instructional Support Personnel	Facilities and Maintenance Staff
Transportation Staff	Everyone!

- + Must be willing to work as a team to keep these students safe

+ A Coordinated Approach / Effective Partnerships

CDC, 2013



What does it look like?

Mild Allergic Reaction:

- + **MOUTH:** Itchy mouth
- + **SKIN:** A few hives around mouth/face, mild itch
- + **ABDOMINAL AREA/ STOMACH:** Mild nausea/discomfort

FARE, 2015

What does it look like?

Anaphylaxis: **Any SEVERE SYMPTOMS after suspected or known ingestion or exposure:**

- + **One or more** of the following:
 - + **LUNG:** Short of breath, wheezing, repetitive cough
 - + **HEART:** Pale, blue, faint, weak pulse, dizzy, confused
 - + **THROAT:** Tight, hoarse, trouble breathing /swallowing
 - + **MOUTH:** Obstructive swelling (tongue and/or lips)
 - + **SKIN:** Many hives over body

FARE, 2015

What does it look like?

Anaphylaxis: **Any SEVERE SYMPTOMS after suspected or known ingestion or exposure:**

- + **Or combination** of symptoms from different body areas:
 - + **SKIN:** Hives, itchy rashes, swelling (e.g., eyes, lips)
 - + **ABDOMINAL AREA/ STOMACH:** Vomiting, diarrhea, crampy pain
 - + **HEENT:** Runny nose, sneezing, swollen eyes, phlegmy throat
 - + **OTHER:** Confusion, agitation, feeling of impending doom

FARE, 2015

How will I know what to do?

- + School Nurse will develop an Emergency Care Plan for students with a diagnosed allergy
- + Includes steps to follow
- + Should be reviewed regularly
 - + Includes information from the healthcare provider/allergist
 - + Use school protocol if available
- + Ask: Are signs and symptoms of possible anaphylaxis present and was there an exposure to a possible trigger?

- + But be ready to respond if a child doesn't have a plan
Be prepared to act!

NASN, 2014

Allergy Action/Emergency Care Plan

- + Individual – specific to the student
- + Plan should be shared with school staff responsible for care
- + Information should be treated with care
- + Everyone should know where medication is and HOW TO REACT

FARE, 2014



Know what to do!

Act Quickly!

Epinephrine

- + Epinephrine is the first line treatment for anaphylaxis
- + Should be administered IMMEDIATELY
 - + Some protocols call for epinephrine to be administered with or without symptoms
 - + Parents & school administrators should not be concerned about adverse health effects of epinephrine – it has an impressive safety profile
 - When in doubt – give the epinephrine
 - + Adverse effects for average healthy child not harmful – anxiety, palpitations

A delay in treatment can have devastating results

Schoessler & White, 2013
 Robinson & Ficra, 2011
 Sicherer & Simons, 2007

Epinephrine Auto-Injectors

- + Epinephrine Auto-injectors are easy to use
- + Come with instructions
 - Trainers available for practice use
- + Websites have video demonstrations – know how to administer your student's auto-injector!

Epi-Pen → video	https://www.epipen.com/en/about-epipen/how-to-use-epipen
AdrenaClick →	http://www.adrenaclick.com/how-to-use-adrenaclick-epinephrine-injection_USP_auto_injector.php
Generic	http://www.epinephrineautoinject.com/how_to_use_epinephrine_injection_USP_auto_injector.php#

Note: All Auvi-Q epinephrine injectors with expiration dates October 2015 – December 2016 were recalled from the market.

General Auto-injector Instructions

- + GET SPECIFIC DEMONSTRATION/TRAINING FROM YOUR SCHOOL NURSE
 - + It is preferable to use training device from student's brand of epinephrine auto-injector
- + Determine that the student requires epinephrine – use protocol or identify symptoms
- + Call 911 – have someone call EMS while you administer epinephrine
- + Check medication expiration date

NASN, 2014

General Auto-injector Instructions

- 1
 - Remove safety cap from auto-injector
 - Place auto-injector against outer thigh
- 2
 - Push auto-injector firmly against thigh until auto-injector activates
 - * For small children, hold thigh firmly in place before injecting
- 3
 - Hold firmly in place (check directions for the auto-injector for length of time to hold: 3 seconds or 10 seconds)
 - Massage site for 10 seconds
 - Keep device to give to EMS

Steps to Follow in an Emergency

- + Follow the building emergency response plan/protocol and:
- 1. **IMMEDIATELY ADMINISTER EPINEPHRINE AUTOINJECTOR PER STANDING ORDER:**
 - ✓ 0.15 mg of epinephrine for otherwise healthy young children weighing 10 to 25 kg (22 - 55 lbs.)
 - ✓ 0.30 mg of epinephrine for those weighing 25 kg (55 lbs.) or more Sichereer, Scott H. and Simons, Estelle R., 2007
 - ✓ Inject into middle outer side of upper leg, note time and site of injection (can be given through clothing)
 - ✓ Stay with student and monitor closely
- 2. Designate a person to call Emergency Medical System (911) and request ambulance with epinephrine

Steps to Follow in an Emergency

- 3. Designate a person to notify, school administration, school nurse and student's emergency contact(s)
- + Stay with and observe student until EMS (ambulance) arrives.
- + Maintain airway, monitor circulation, start CPR as necessary.
- + Do not have the student rise to an upright position.
- + Consider lying on the back with legs elevated position, but alternative positioning is needed for vomiting (side lying, head to side) or difficulty breathing (sitting).
- + Observe for changes until EMS arrives.

NASN, 2014

Steps to Follow in an Emergency

- + **IF NO IMPROVEMENT OR IF SYMPTOMS WORSEN IN ABOUT 5 -15 MINUTES,** (NIAID-Sponsored Expert Panel, 2010)
- + **ADMINISTER A SECOND EPINEPHRINE DOSE according to local policy**
- + Provide EMS with identifying information, observed signs and symptoms, time epinephrine administered, used epinephrine autoinjector to take with to the hospital
- + **Transport to the Emergency Department via EMS even if symptoms seem to get better.**

NASN, 2014

Document and Debrief

- + Discuss with the school nurse how to record that you gave an epinephrine auto-injector dose and the symptoms you witnessed
- + Have a debriefing meeting with the nurse and school administration after giving an epinephrine auto-injector
 - + Talk about how response went
 - + Talk about feelings
 - + Talk about ways to improve in the future

Robinson & Ficca, 2011

You Can Do It!

- + You know what to do when a student is having a life-threatening allergic reaction
- + You know how to give epinephrine

You know how to save the lives of children like Bianca!



Bianca

**YOU'VE BEEN
EMPOWERED TO SAVE A
LIFE!**



**GET
TRAINED**

Thank you for taking the time to
GET TRAINED
to administer an epinephrine auto-injector
in an emergency!

References

- + Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel (2010). *Journal of Allergy and Clinical Immunology*, Volume 126, Issue 6, S1 - S58 <http://dx.doi.org/10.1016/j.jaci.2010.10.007>
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