

**Guidelines for
Medication Administration:
An Instructional Program for
Training Unlicensed Personnel to
Give Medications in
Out-of-Home Child Care,
Schools and Camp Settings**

STUDENT HANDBOOK

Severe Allergy Module

2008
First Edition



Funding resource provided by the Department of Human Services, Division of Child Care and the Health Systems Development in Child Care Grant Healthy Child Care Colorado Initiative (#5 H24 MC 00021-05)

SEVERE ALLERGIC REACTION OR ANAPHYLAXIS

Student notes

Anaphylaxis is a rapid severe allergic reaction that occurs when your body overreacts to an allergen to which the person has been previously exposed.

Common Causes

- ◆ Insect stings (bees, wasps, hornets, yellow jackets and fire ants)
- ◆ Foods, including nuts, milk, eggs, shellfish, fruits, etc.
- ◆ Medications, including antibiotics, aspirin, etc.
- ◆ Latex

Mild Symptoms include runny nose, a few hives and itching.

Initial symptoms may appear within a few seconds or up to 2 hours. If part of the care plan, these symptoms may be treated with an antihistamine. The most common antihistamine used for mild symptoms is diphenhydramine or Benadryl®

Symptoms of a Severe Allergic Reaction or Anaphylaxis

- ◆ Hives spreading over the body
- ◆ Wheezing, difficulty swallowing or breathing
- ◆ Flushing/swelling of the lips, face/neck/tongue, throat, hands & feet
- ◆ Tingling and swelling of the tongue
- ◆ Nausea, vomiting and abdominal cramps
- ◆ Signs of shock (extreme paleness/gray color, clammy skin)
- ◆ Loss of consciousness

The health care provider or RN develops a written health care plan for a child with a severe allergy. Training regarding the use of the EpiPen® should take place as soon as the school or child care program receives the medication.

Remember: If you observe any of the above symptoms of severe allergic reaction in a child or adult that has not been previously identified as having an allergy, treat this as a medical emergency and call EMS at 911

Emergency Treatment: - Remember to Practice Standard Precautions

Anaphylaxis is life threatening and requires immediate medical attention.

- ◆ EpiPen® or EpiPen Jr.® is used for emergency treatment of anaphylaxis.
- ◆ The EpiPen® is prescribed by the health care provider and is to be used only for the indicated child.
- ◆ Anyone experiencing an anaphylactic reaction should **lie down and stay down.** Position changes can cause cardiac arrest

Note: The emergency response team (EMS) (911), must be called immediately when the Epi-Pen® is administered.

Some care plans may require a second dose of epinephrine to be administered and will identify the need for and when to administer that dose.

Accompany the child to the hospital, if the parent/guardian is unavailable. Bring a

*Refer to the
Anaphylaxis Handout*

*Refer to the Severe
Allergy Health Care
plan in forms section*

copy of the health care plan, the emergency contact information, and the Epi-Pen® that was administered to the hospital.

The health care provider or RN develops a written health care plan. Training regarding the use of the Epi-Pen® should take place as soon as the school or child care program receives the medication.

Care and Storage:

- ◆ Keep the Epi-Pen® at room temperature. Do not refrigerate.
- ◆ Transport the Epi-Pen® in a secured cooler for an outing or field trip.
- ◆ Do not expose Epi-Pen® to extreme heat or direct sunlight, e.g., bus or car glove compartment.
- ◆ Plan for storage of required medications and care plans during field trips
- ◆ A new Epi-Pen® should be good for 12-15 months. Check the expiration date.
- ◆ Contact your local pharmacy regarding disposal of an expired Epi-Pen®.
- ◆ Return used Epi-Pen® to the tube using a one handed return

Prevention:

The best treatment for anaphylaxis is prevention. Know your district/agency policy on allergy free environments.

Documentation

- ◆ The medication log is a legal document. It becomes a permanent record and provides legal protection to those administering medication as well as a safety check to assure that a child does not receive multiple doses of the medication.
- ◆ Complete a medication log for each child receiving medication.
- ◆ Complete a medication log for **each** medication.
For example, if a child has 2 different inhalers for the management of asthma, complete 2 individual logs.

Note: Complete a new log whenever there is a change in the child's medication or dosage.

Medication Log Directions

Complete the log as soon as the medication is received from the parent. Attach a picture of the child to the medication log, whenever possible.

1. Complete the medication log ***in ink***. This is a legal document.
 2. Have another trained person review the completed log for accuracy.
 3. **The medication log includes:**
 - Child's name
 - Name of medication
 - Date
 - Dosage
 - How the medication is to be given (route)
 - Time the medication needs to be given while in school/child care
 - Start date and end date
-
- Special instructions or storage information

For “as needed” medications, be sure you include instructions, such as “every 4 hours as needed for repeated coughing or wheezing)”

- “Comment” section
 - Signature line, including initials, for the person documenting each dose of the medication
4. Compare the information on the log with the medication label before the medication is given.
 5. Document in ink immediately after the medication is given.
 - Date and Time the medication was given.
 - Initials of the person giving the medication. Initial only for the medications you administered.
 - If an error is made, draw a single line through the error and write the word “error”. Record the right information, sign and date the corrected information. Initial the correction. ***Do not use an eraser or white out.***
 6. The “Comment” section is used for special or unusual situations, *e.g., medicine dropped on the floor, child refuses/vomits medicine, parent does not bring the medicine, or document the number of pills received*
Note “A” if a child is absent.
Note “X”, any dates the program is closed or not in session.
 7. Write the date a medication has been discontinued on the log.

Disposal of Unused Epi-Pen® :

An unused/expired Epi-Pen® should ideally be returned to the child’s parent for disposal. Child care or school staff can return the unused device to the prescribing pharmacy for disposal, or in some communities the device may be taken to a local health department. Please call ahead to ensure that the location will dispose of the device for you. There is also information about safe disposal of these devices on the following web sites:

www.safeneedledisposal.org
www.cdc.gov/needledisposal/

Self-Carry – Rights and Responsibilities:

According to state law children have the right to self-carry their own Epi-Pen® while at school or in some group care settings. As a staff member in these settings you must be aware which children have severe allergy care plans and self-carry their emergency medications in case you need to provide them with emergency care during a reaction.

Medication Administration Instructional Program

Severe Allergy Module

SAMPLE FORMS

Table of Contents

These forms are provided as a resource to the RN instructor for use during the Medication Administration training. Forms may be copied. Please note: the format of these forms may be modified to fit the needs of schools, child care programs and camps as long as the information included on the forms meets the basic requirements outlined in the Instructor Manual.

Severe Allergy Health Care Plan

Severe Allergy Health Care Plan with second Epi-Pen® orders/instructions

Severe Allergy Delegation Record/Procedure Guidelines (several delegatese/one child)

Severe Allergy Delegation Record/Procedure Guidelines (several delegatese/ several children)

Contract for Students Self-Carry of Epi-Pen®

HEALTH CARE PLAN
SEVERE ALLERGY TO: _

Student Name: _____
Birthdate: _____

School: _____

Emergency Treatment

If student experiences mild symptoms:

several hives, itchy skin, itchy red watery eyes or nasal symptoms

OR if an ingestion is suspected:

Treatment:

1. Send student to health office **ACCOMPANIED**.
2. **Give _____ of _____ by mouth.**
(amount and dosage:) (antihistamine)
3. Contact the parent or emergency contact person.
4. **If exposed - Have child wash face, hands and exposed area.**
5. Stay with the student; keep student quiet, monitor symptoms, until parent arrives.

Watch student for more serious symptoms listed below.

Special Instructions:

Symptoms that progress and can cause a life threatening reaction:

- *Hives spreading over the body.*
- *Wheezing, difficulty swallowing/ breathing, swelling (face, neck), tingling/swelling of tongue.*
- *Vomiting*
- *Signs of shock (extreme paleness/gray color, clammy skin, etc.), loss of consciousness.*

Treatment:

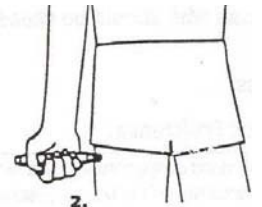
1. **Give:** **Epi-Pen Jr.®** OR **Epi-Pen®** **immediately**
(under 66lbs) (66lbs & over)

Place against upper outer thigh, through clothing if necessary.

2. **Call 911** (or local emergency response team) immediately.
3. Epi-pen® only lasts 20-30 minutes.
****Paramedics should always be called if Epi-Pen® is given****
4. Contact parents or emergency contact person. If parents unavailable, school personnel should accompany the child to the hospital.

Directions for use of Epi Pen®:

1. Pull off gray cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, and then remove.
5. Discard Epi Pen® in impermeable can and dispose per school policy, or give to emergency care responder. (Do not return to holder)



It is understood by parents and health care provider(s) that this plan may be carried out by school personnel other than the School Nurse Consultant (RN). A RN is to be responsible for delegation of this Health Care Plan to unlicensed persons.

Health Care Provider Authorization (Required): _____

Date: _____

Parent/Guardian Signature (Required): _____

Date: _____

Parent/Guardian Copy

Student Copy

School Copy

Transportation Copy



**HEALTH CARE PLAN
SEVERE ALLERGY TO: _**

Student Name: _____
Birthdate: _____

School: _____

Allergies (food, insects, medication, etc): _____ _____	Reaction: _____ _____
Diet Restrictions: For food allergies: <input type="checkbox"/> parents will monitor school lunch menus or provide food and communicate with school personnel <input type="checkbox"/> student will self monitor food choices <input type="checkbox"/> teacher will assist child unable to self select food choices <input type="checkbox"/> other	

Medications used on a daily basis (include doses):
HOME: _____
SCHOOL: _____

REMINDER: School personnel must take Epi-Pen® or any other medication on all field trips. Make sure phone is close by, if needed. Keep Epi-Pen® at room temperature. DO NOT FREEZE, refrigerate or keep in extreme heat.

Pertinent Health History (as completed by School Nurse): _____

EMERGENCY INFORMATION

Parent/Guardian	Number in order of preference	Number in order of preference
Home Phone:		
Cell Phone:		
Work Phone:		
Pager Number:		
Home Address:		
Emergency Contact:	Name:	Phone:
Emergency Contact:	Name:	Phone:

Health Care Provider who should be called regarding the allergic reaction:

Name: _____
Phone: _____
Hospital Preference: _____

If _____ experiences a change in health condition (such as a change in medication or hospitalization) please contact the School Nurse (RN) so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child's health care provider(s) listed above, as needed. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure this child's safety and well being while at school or during school related activities.

Parent/Guardian Signature: (Required) _____ Date _____

School Nurse (RN) Signature: (Required) _____ Date _____

Administrator Signature: (Preferred) _____ Date _____

HEALTH CARE PLAN
Includes second dose Epi-Pen® order
SEVERE ALLERGY TO: _

Student Name: _____
Birthdate: _____

School: _____

Emergency Treatment

If student experiences mild symptoms:

several hives, itchy skin, itchy red watery eyes or nasal symptoms

OR if an ingestion is suspected:

Treatment:

1. Send student to health office **ACCOMPANIED.**
2. **Give of by mouth.**
(amount and dosage:) (antihistamine)
3. Contact the parent or emergency contact person.
4. **If exposed - Have child wash face, hands and exposed area.**
5. Stay with the student; keep student quiet, monitor symptoms, until parent arrives.
Watch student for more serious symptoms listed below.

Special Instructions:

Symptoms that progress and can cause a life threatening reaction:

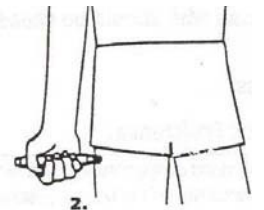
- *Hives spreading over the body.*
- *Wheezing, difficulty swallowing/ breathing, swelling (face, neck), tingling/swelling of tongue.*
- *Vomiting*
- *Signs of shock (extreme paleness/gray color, clammy skin, etc.), loss of consciousness.*

Treatment:

1. **Give:** **Epi-Pen Jr.®** (under 66lbs) **OR** **Epi-Pen®** (66lbs & over) **immediately**
Place against upper outer thigh, through clothing if necessary.
2. **Call 911** (or local emergency response team) immediately.
3. Epi-pen® only lasts 20-30 minutes.
****Paramedics should always be called if Epi-Pen® is given****
4. Contact parents or emergency contact person. If parents unavailable, school personnel should accompany the child to the hospital.

Directions for use of Epi Pen®:

1. Pull off gray cap.
 2. Place black tip against upper outer thigh.
 3. Press hard into outer thigh, until it clicks.
 4. Hold in place 10 seconds, and then remove.
 5. Discard Epi Pen® in impermeable holder using one hand or can and dispose per school policy, or give to emergency care responder.
- If symptoms don't improve after _____ minutes, administer second dose following steps 1-5 above.



It is understood by parents and health care provider(s) that this plan may be carried out by school personnel other than the School Nurse Consultant (RN). A RN is to be responsible for delegation of this Health Care Plan to unlicensed persons.

Health Care Provider Authorization (Required): _____

Date: _____

Parent/Guardian Signature (Required): _____

Date: _____

Parent/Guardian Copy

Student Copy

School Copy

Transportation Copy

HEALTH CARE PLAN
Includes second dose Epi-Pen® order
SEVERE ALLERGY TO: _

Student Name: _____
Birthdate: _____

School: _____

Allergies (food, insects, medication, etc): _____ _____	Reaction: _____ _____
Diet Restrictions: For food allergies: <input type="checkbox"/> parents will monitor school lunch menus or provide food and communicate with school personnel <input type="checkbox"/> student will self monitor food choices <input type="checkbox"/> teacher will assist child unable to self select food choices <input type="checkbox"/> other	

Medications used on a daily basis (include doses): HOME: _____ SCHOOL: _____

REMINDER: School personnel must take Epi-Pen® or any other medication on all field trips. Make sure phone is close by, if needed. Keep Epi-Pen® at room temperature. DO NOT FREEZE, refrigerate or keep in extreme heat.

Pertinent Health History (as completed by School Nurse): _____

EMERGENCY INFORMATION

Parent/Guardian	Number in order of preference	Number in order of preference
Home Phone:		
Cell Phone:		
Work Phone:		
Pager Number:		
Home Address:		
Emergency Contact:	Name:	Phone:
Emergency Contact:	Name:	Phone:

Health Care Provider who should be called regarding the allergic reaction:

Name:	_____
Phone:	_____
Hospital Preference:	_____

If _____ experiences a change in health condition (such as a change in medication or hospitalization) please contact the School Nurse (RN) so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child's health care provider(s) listed above, as needed. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure this child's safety and well being while at school or during school related activities.

Parent/Guardian Signature: (Required) _____ Date _____

School Nurse (RN) Signature: (Required) _____ Date _____

Administrator Signature: (Preferred) _____ Date _____

Medication Administration Log

Child's Name: _____ Date of Birth: _____ Rm.: _____

Medication: _____ Time(s): _____

Amount:: _____ Route: _____ Start Date for Medication: _____ End Date: _____

Special Instructions: _____

Name of Health Care Provider Prescribing Medication: _____ Phone: _____

Parent name: _____ Parent Work #: _____ Parent Home #: _____

	Week of:					Week of:				
	Mon Date	Tue Date	Wed Date	Thurs Date	Fri Date	Mon Date	Tue Date	Wed Date	Thu Date	Fri Date
A.M.										
P.M.										

Include Time Medication was Given and Initial
box "NG" .

If the child is absent, mark box with an "A" ; If the medication was not given, mark

Document reason medication was not given in Comments.

Date & Comments:

Staff Signatures	Initials

Pills Received: (All controlled medications must be counted, e.g., Ritalin)

CONTRACT FOR STUDENTS SELF-CARRY OF EPI-PEN®

STUDENT

- I plan to keep my Epi-Pen® with me at school rather than in the school health office.
- I agree to use my Epi-Pen® in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office immediately if my Epi-Pen® has been used.
- I will not allow any other person to use my Epi-Pen®.

Student's Signature _____ Date _____

PARENT/GUARDIAN

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Epi-Pen® be provided to the Health Office for emergencies.
- I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.

Parent's Signature _____ Date _____

SCHOOL NURSE

- The above student has demonstrated correct technique for Epi-Pen® use, an understanding of the physician order for emergency use of the Epi-Pen®.
- School staff that has the need to know about the student's condition and the need to carry medication has been notified.

Registered Nurse's Signature _____ Date _____

**SEVERE ALLERGY DELEGATION RECORD/PROCEDURE GUIDELINES
FOR:
USE OF BENADRYL / EPI-PEN (several delegates/several children)**

PROCEDURE GUIDELINE				RN Initials/Date
1. Confirms written authorization: Parent permission, Physician authorization, up to date Health Care Action Plan				
2. Verifies Epi-Pen® and Benadryl® in pharmacy labeled box Checks expiration dates				
3. Specific Care Training: <ul style="list-style-type: none"> ▪ Identifies understanding of individual allergy info ▪ Describes S/S of anaphylaxis ▪ Identifies need for Epi-pen® vs. Benadryl® ▪ States importance of monitoring for increased symptoms ▪ Accurately demonstrates administration of Benadryl® ▪ Accurately demonstrates administration of Epi-pen® and proper disposal ▪ Confirms importance of EMS activation ▪ Indicates need/order for second dose of epinephrine 				
4. Describes documentation procedure				
5. Identifies process to locate RN				
6. Returns demonstration competently				
Student Name	Birthdate	Grade	Identified triggers of severe allergy	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

I have read the care plans, been trained and am competent in the described procedures for the above named students. I understand the need to maintain skills and will be monitored on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Name (Print)	Delegatee Signature	Date

Delegating RN Signature: _____ Initials _____ Date: _____

Medication Administration Instructional Program

Severe Allergy Module

INSTRUCTOR MANUAL APPENDIX Table of Contents

Anaphylaxis Handout

Additional handouts are available on a variety of web sites and these can be accessed, downloaded and used based on specific needs of your audience.

Sample handouts on anaphylaxis, food and latex allergy available at: American Academy of Allergy Asthma and Immunology website http://www.aaaai.org/members/allied_health/tool_kit/

Epi-Pen® trainer. Available at: http://www.epipen.com/freetool_main.aspx or you can order a trainer from: Food Allergy and Anaphylaxis Network <http://www.foodallergy.org>

(optional) Video: Epinephrine in Allergic Emergencies Available from: Food Allergy and Anaphylaxis Network <http://www.foodallergy.org>

(optional) Internet access to view film clip on How to use the Epi-Pen®, available at: <http://www.epipen.com/howtouse.aspx>



SEVERE ALLERGIC REACTION

(*Anaphylaxis*)



ANAPHYLAXIS is a sudden, severe allergic reaction that involves various body systems simultaneously (respiratory, cardiovascular, digestive and skin/mucus membranes). Foods, insect stings or bites, medications and latex are all common causes of an anaphylactic reaction.

What is an allergy? It's an *acquired* over-response by the body to a substance that does not normally cause a reaction in most people.

What causes an allergic reaction? The body uses its natural defenses in an attempt to "control" the substance. This natural defense causes the body to release large amounts of *histamines*. Too many histamines make different body systems react negatively.

What substances cause allergic reactions? Some are more common but any substance can cause an allergic reaction in an at risk person.

How does someone develop an allergic reaction? An allergic reaction only occurs after at least an initial exposure. It can also occur after being exposed to a substance many times; then an allergic reaction develops. Some people are prone to allergies, based on genetics or family history.

Are there different types of allergic reaction? Reactions range from mild to severe:

Mild: generally causes annoying symptoms such as swelling confined to a small area (like a sting), sneezing or watery eyes (such as hayfever).

Moderate: may include the above symptoms plus itching and hives; a doctor may order treatment, such as antihistamines or anti-itching cream.

Severe: the symptoms described on reverse side of this handout; quickly become life threatening and need *immediate* emergency medications & help.

Can allergic reactions change over time? Yes! Severe allergic reactions especially tend to get worse with each exposure.

What are the most common things that cause severe allergies? *These things can even be harmful when "hidden" or combined with other things*

- ✓ **FOODS:** Peanuts, nuts, milk, eggs, wheat, fish, shellfish and soy; less commonly, just about any other foods
- ✓ **INSECTS:** In particular bees, wasps, "yellow jackets" and ants (especially fire ants)
- ✓ **MEDICATIONS:** Especially antibiotics such as penicillin and pain medications like codeine and ibuprofen
- ✓ **LATEX:** Natural "rubber" products; products containing latex; often found combined in wide variety of items & forms; also some associated foods

How are severe allergic reactions treated? Once a person is diagnosed with a severe allergy, a medical treatment plan is prescribed. This frequently includes EpiPen® (emergency adrenaline), antihistamines and other medications. Sometimes allergy desensitization shots can help but many allergies, such as to foods and latex, can't be helped with allergy shots. **The best treatment for severe allergies: prevention & quick intervention!!!**

How can I help prevent a severe allergic reaction from recurring? Consider the following:

- 1) Limit, avoid or eliminate exposing an allergic person to their allergy-causing substances; look around, think ahead and make changes when possible!
- 2) Post signs alerting & reminding others about a known severe allergy; suggest for the student wear a Medic Alert® tag.
- 3) Send home a letter requesting that certain things not be brought to or shared at school. (The specific student should not be named.)
- 4) Notify the nurse consultant so that an individualized health plan can be developed. Arrange for readily available emergency medications.
- 5) Make sure necessary staff is aware of the student's allergy, emergency medications & health plan.
- 6) Don't forget to take health plan & medications on field trips!
- 7) Allow older and/or responsible students to possibly carry their own EpiPen®; keep an additional one stored with other medications.
- 8) Educate students & staff about the importance to eliminate or reduce exposures-- to respect & help protect other's health & safety.



SEVERE ALLERGIC REACTION
(*Anaphylaxis*)



Common Warning Signs & Symptoms

- ✓ Complaint of tingling, itching or metallic taste in mouth
- ✓ Hives
- ✓ Difficulty breathing
- ✓ Swelling and/or itching of mouth and/or throat area
- ✓ Diarrhea
- ✓ Vomiting
- ✓ Cramps and stomach pain
- ✓ Paleness (from drop in blood pressure)
- ✓ Loss of consciousness

If you see someone showing any of these symptoms, ACT
FAST!!



****Follow health care action plan**

****Administer prescribed treatment, such as Epi-Pen®, if
available**

****Start CPR if necessary**

****Call 911**, even if Epi-Pen® used