POLICY and PROCEDURES

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| Page No.:  |
| Title: SAMPLE P/ P – ANAPHYLAXIS  |
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**Background**: Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. Signs and symptoms include a rapid, weak pulse; constrictions of the airways and a swollen tongue or throat; dizziness or fainting; skin reactions including hives and itching; and nausea and vomiting. It can occur when a person is exposed to an allergen (such as food, an insect sting, or medication). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Residents at risk for experiencing an Anaphylactic Reaction include those with a past history, multiple allergies to medications and foods. Any anaphylactic reaction always requires an emergency response.

**Policy**: It is the policy of this facility to ensure staff are trained to identify and respond to residents experiencing an anaphylactic episode.

**Procedure:**

1. The RN admission nurse will identify any reported resident allergies upon admission and document in medical record and inform MD/NP.
2. The MD/NP will document allergies on medical orders to ensure Pharmacy is notified of any and all resident allergies.
3. Each Nursing unit will have an emergency box containing an Epi pen
4. All Nursing staff will be educated on the identifying signs and symptoms of allergic reactions and anaphylaxis emergencies
5. Any staff member observing a change in condition of a resident must immediately report to the Unit Nurse and/or Supervisor (SEE PP Change in condition)
6. The steps that must be taken as soon as any sign(s) or symptom(s) of Anaphylaxis reaction identified or suspected
* Stay with resident
* Call for assistance
* Initiate a CODE BLUE
* RN to determine if EPI- Pen is needed
* Unit nurses notify PMD and initiate 911 response
* Rapidly assess airway, breathing, circulation, and mentation (mental activity).
* Place the patient in a supine position (face up), with feet elevated, unless upper airway obstruction is present, or the patient is vomiting.
* Epinephrine (1 mg/ml aqueous solution [1:1000 dilution]) is the first-line treatment for anaphylaxis and should be administered immediately. In adults, administer a 0.3 mg intramuscular dose using a premeasured or prefilled syringe, or an autoinjector, in the mid-outer thigh (through clothing if necessary). The maximum adult dose is 0.5 mg per dose.
* A dose of epinephrine may be repeated approximately every 5-15 minutes until there is a response. The number and timing of epinephrine doses should be recorded and communicated to EMS.
	+ Because of the acute, life-threatening nature of anaphylaxis, there are no contraindications to epinephrine administration.
* Because anaphylaxis may recur after patients begin to recover, unit staff will **stay with the resident until EMS arrival and resident is transferred to the ER.**
1. Residents that are at risk for experiencing an Anaphylactic Reaction must be monitored closely when antibiotic therapy is initiated, immunizations are administered, and/or new or medications are started.
2. The Unit Nurse and/or RNS will document in medical record including resident care plan to ensure ongoing follow up.

**REFERENCES**

CDC (Updated 9/2/2022). Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination. [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cdc.gov_vaccines_covid-2D19_clinical-2Dconsiderations_managing-2Danaphylaxis.html&d=DwMGaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=UpKKFyStrIwW23Rw_7Y1Xj_RwbcqhK6-puwN65XPycU&m=bY6i8SPASY7RPSAnBjLWwZ7asIk_T6UJyK0VUeNfdwc&s=9RXATwBn2yLPVrxrk46bs0_-PYYfZrl-y4_WAreh4d8&e=)

[Adrenaline in the Acute Treatment of Anaphylaxis - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6131363/)

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