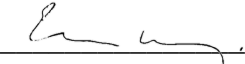





Medical Directive

Title:	Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations	Assigned Number:	007
Activation Date:	July 1, 2011	Review due by:	December 2025
Approval Signature & Date			
Medical Director: <u></u>		Date Reviewed: <u>January 12, 2023</u>	
Clinical Services Director: <u></u>		Date Reviewed: <u>January 12, 2023</u>	
Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:		
Administration of medications for treatment of Anaphylaxis/Severe Allergic Reactions to allergy Injections, immunizations or injectable medications by Registered Nurses/Registered Practical Nurses.			
Recipient Patients:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title:		
All active patients of Thames Valley Family Health Team physicians, identified on the Authorizer Approval Form, who require emergency treatment for anaphylaxis / severe allergic reactions after the administration of Allergy Injections, immunizations, or injectable medications.			
Authorized Implementers:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title:		
Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurses (RN/RPN)* The implementing RN/RPN must receive orientation with regards to the task by completing the Implementer Performance Readiness Form(s), (+/- quiz). The RN/RPN must sign the Implementer Performance Readiness form electronically, via HR Downloads (Appendix 8) after successful completion of the orientation (and quiz, if applicable). Following review of this directive and successful educational orientation, the Implementer Approval form must be signed electronically via HR Downloads by the RN/RPN indicating acceptance of this medical directive.			



Indications:

Appendix Attached: ☐ Yes ☒ No

1. The patient is exhibiting **signs of Anaphylaxis or Severe Allergic Reaction** within minutes to hours of receiving immunization or allergy injection characterized by:

A. Early or mild anaphylaxis:

- a. Swelling and hives at injection site
- b. Sneezing, nasal congestion
- c. Tearing
- d. Coughing
- e. Facial flushing

B. Moderate to severe anaphylaxis:

- a. Swelling of upper airway (hoarseness, stridor)
- b. Hypotension (lightheadedness, syncope)
- c. Bronchospasm (chest tightness, wheezing)

General Symptoms of anaphylaxis include:

- Skin or mucosal tissue involvement:
 - itching, urticaria (hives)
 - angioedema (progressive, painless swelling of face/mouth)
 - skin flushing
- Respiratory compromise:
 - Sneezing
 - Coughing
 - Wheezing, shortness of breath
 - hoarseness, stridor, laryngeal edema
 - cyanosis (late sign)
- Reduced blood pressure (see below) or symptoms of end-organ dysfunction:
 - Headache
 - Hypotonia
 - Lightheadedness/dizziness, syncope
 - Incontinence
 - Reduced level of consciousness
- Persistent gastrointestinal symptoms:
 - Nausea
 - Vomiting
 - Dysphagia
 - Abdominal cramping
 - Diarrhea



- Reduced blood pressure, defined by either:
 - > 30% decrease in systolic blood pressure minutes to hours after immunization or allergy injection,
 - OR**
 - low systolic blood pressure defined by the following:
(<https://emedicine.medscape.com/article/2172054-overview#a4>)
 - 1-12 months: Systolic BP < 75
 - 1-5 years: Systolic BP < 80
 - 6-13 years: Systolic BP < 85
 - 13-adults: Systolic BP < 95

C. Emergency drugs and equipment must be available.

Contraindications:

1. The patient has a documented allergy to one or more of the emergency treatment medications.

Consent:

Appendix Attached: ☐ Yes ☒ No

1. Patients of Thames Valley Family Health Team family physician
2. Implementer obtains verbal patient consent (if possible) prior to the implementation of care.



**Guidelines for Implementing the Order/
Procedure:**

Appendix Attached: ☐ Yes ☒ No

Title: [Canadian Immunization Guide: Part 2 - Vaccine Safety: Early vaccine reactions including anaphylaxis.](#) Updated March 2021. Accessed July 6, 2022

BC Centre for Disease Control. [Communicable Disease Control Manual. Chapter 2: Immunization. Part 3 - Management of Anaphylaxis in a Non-Hospital Setting.](#) Updated February 2019. Accessed July 6, 2022.

Patients who meet the **Indications** described above:

1. THIS IS A MEDICAL EMERGENCY!!

Promptly administer EPINEPHRINE* 1:1000 0.01 MG/KG INTRAMUSCULARLY (IM) IN THE OPPOSITE limb to that in which the vaccination / allergy injection was given according to the following chart and record time of administration/dose:

Age	Dose
2-6 months**	0.07 ml
7-12 months	0.10 ml
13 months-4 years	0.15 ml
5 years	0.20 ml
6-9 years	0.30 ml
10-13 years	0.40 ml
≥ 14 years	0.50 ml

* Epi pen or Twinject can be used in place of Epinephrine 1:1000 vials

** Dose for children between the ages shown should be approximated, the volume being intermediate between the values shown or increased to the next larger dose

NOTE: Epinephrine may be repeated TWICE at 5-to-15-minute intervals at alternate sites (e.g. alternate injections at middle of the outer side of both thighs)

- 2. AFTER the patient is stabilized, CALL 911 (or delegate someone to call while administering Epinephrine) and NOTIFY A PHYSICIAN OR NURSE PRACTITIONER IMMEDIATELY. DO NOT LEAVE THE PATIENT UNATTENDED.**
- 3. Place the patient in a recumbent position with feet up (if possible).**
- 4. Monitor and record vital signs every 5 minutes and administer oxygen (if available) 2-4L via nasal prongs to get SpO2 > 92% as needed until ambulance arrives.**
- 5. Once the patient is stabilized, administer a dose of Diphenhydramine (Benadryl) PO OR IM (IM Preferred) (25-50 mg for children >12 and adults and 1.25 mg/kg for children under 12).**



Documentation and Communication:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. After the patient is stabilized and sent to hospital by ambulance documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. 2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice* 3. The reaction to the allergy injection/immunization/injectable medication MUST be documented in the patient chart as an anaphylaxis reaction. 4. Document medications given, route(s), site(s) and amount(s) given. 5. The on-call physician or available nurse practitioner and patient's family physician must be notified regarding the severe allergy reaction. <p>* <i>Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.</i> <i>College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</i></p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. The Directive remains in force until and unless amendment occurs. Review will occur biennially or if the following situations occur. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing discipline will be consulted. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing discipline, before necessary changes are made. 3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing Implementer. 	
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title:
TVFHT Family Physician Authorizer Approval Form signed in HR Downloads.	