

NURSING MANUAL

POLICY: NMA015

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ANAPHYLAXIS – MANAGEMENT OF

DEFINITION OF ANAPHYLAXIS:

Anaphylaxis is a rare and potentially life-threatening allergic reaction to a variety of allergens, including certain foods (e.g., peanuts,) toxins (e.g., bee stings,) and drugs (e.g., as a complication of immunization that should be anticipated in every vaccine.) Anaphylaxis must be distinguished from fainting: With fainting, the subject changes from a normal to an unconscious state within seconds. With anaphylaxis, changes develop over several minutes, may involve multiple body systems (skin, respiration, circulation) and may progress to unconsciousness only as a late event in severe cases.

Anaphylaxis usually begins a few minutes after exposure/injection of the offending substance and is usually evident within 15 minutes. Symptoms can include sneezing, coughing, itching, a “pins and needles” sensation of the skin, flushing, facial edema, urticaria (i.e., hives,) anxiety, respiratory difficulties and hypotension. These can progress to shock and total system failure.

PURPOSE:

To provide staff with the initial treatment guidelines required for managing ANAPHYLAXIS within the Lodge. Early recognition and treatment of anaphylaxis is vital.

POLICY/PROCEDURE:

The following steps will be followed when anaphylaxis occurs:

1. Place the resident/staff in a recumbent position (elevating the feet if possible), unless breathing difficulty is present, in which case the semi-Fowler's position should be used.
2. Announce a 'Code Blue' over the PA system (as per Emergency Color Codes Policy FEE 003) to obtain further staff assistance.
3. Establish an oral airway if necessary. If vomiting is present, turn the affected individual to one side to avoid choking on vomitus.
4. If a vaccination is the cause of the reaction, place a tourniquet (when possible) above the site of vaccination. Release for 1 minute every 3 minutes.
5. Promptly administer 0.3 ml of aqueous epinephrine 1:1000 by subcutaneous injection (in the opposite limb to that in which the immunization was given, if the cause of the reaction is vaccination.) Dosing can be repeated twice at 20 minute intervals, if necessary. Vial of Epinephrine can be found, for quick access, on the outside of the cupboards of Hickory and Parkview Place Medication room cupboards.

Speedy intervention is of paramount importance: failure to use epinephrine promptly is more dangerous than using it improperly.

6. If pulse rate drops to zero at any time, initiate CPR.
7. Designate a staff member to call 911 and arrange for rapid transportation of the resident or staff member to an emergency room.
8. Designate a staff member to call the physician on-call for further instruction while awaiting the arrival of the ambulance. POA is to be notified as well.
9. Medication Incident report must be filed with pharmacy and Critical Incident report to be filed with MOLTC under Critical incident system (CIS).

This policy also appears in Emergency Plans Manual.