



Policy Name: <p style="text-align: center;">ANAPHYLAXIS MANAGEMENT</p>	Policy Number: <p style="text-align: center;">0250</p>
Approved By: <p style="text-align: center;">Executive Team</p>	Effective Date: <p style="text-align: center;">MARCH 21, 2007</p>
Reason for Revision: <i>Click on item below and select item from list.</i> <p style="text-align: center;">CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</p> <p style="text-align: center;">New format being used.</p>	Date Revised: <p style="text-align: center;">September 30, 2020</p> Next Date for Review: <p style="text-align: center;">September 30, 2023</p>
Section: <p style="text-align: center;">Section 02 - Pain and Symptom Management</p>	Page No: <p style="text-align: center;">Page 1 of 3</p>

Policy

OBJECTIVES

- To provide guidance on the rapid management of residents experiencing suspected anaphylaxis.
- To provide clinical direction for health care professionals authorized to administer intramuscular or subcutaneous epinephrine from an epinephrine auto injector or in unavailable a 1mg/ml concentration ampoule with a specific order from an authorized prescriber to residents experiencing suspected anaphylaxis.

PRINCIPLES

Anaphylaxis can be life threatening situation, and Agape Hospice is committed to a consistent approach for the management of residents experiencing suspected anaphylaxis through the immediate administration of IM or SC epinephrine.

APPLICABILITY

Compliance with this document is required by Agape Hospice employees, students, volunteers, and other persons acting on behalf of Agape Hospice.

DEFINITIONS

Anaphylaxis: a life-threatening emergency caused by an immediate systemic allergic reaction to a foreign substance.

Recognition of Anaphylaxis:

Anaphylaxis occurs over a matter of minutes. If the below symptoms are progressive or increasing in severity, this most likely represents anaphylaxis. If one or more of the following occur they should be managed as anaphylaxis:

1. Progressive, painless swelling around the face or mouth.



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2. Hoarseness/stridor (signs of laryngeal edema).
3. Hypotension/collapse if accompanied by one of the symptoms below.

Other symptoms to note:

1. Rash / facial flushing / hives at injection site
2. Sneezing / nasal congestion / tearing
3. "Lump" in throat
4. Coughing without shortness of breath
5. Vomiting / diarrhea

See attached Alberta Health Services Home Care Policy and Procedure on differences between Syncope, Anaphylaxis, and Anxiety.

REFERENCES

Alberta Health Services; Standard on the Management of Anaphylaxis Related to Public Health Services; Immunization General Principles; Standard #12.100, October 2012.

Alberta Health Services; Standard on the Management of Anaphylaxis Related to Public Health Services; Standard #12.100, Appendix C: Distinguishing Between Anaphylaxis, Syncope and Anxiety (Page 17), October 2012.

Compendium of Pharmaceuticals and Specialties (CPS). "Epinephrine." Current year.

Procedure

1. If an anaphylactic reaction is suspected, Epinephrine 1:1000 by subcutaneous (SC) or intramuscular (IM) injection should be administered immediately (0.5 ml for adult). If the person has received an injectable medication/vaccination, epinephrine should be administered in the opposite limb. Reference Compendium of Pharmaceuticals and Specialties (CPS) for dosage amounts.
2. Call 9-911 if the person is not a resident. Be prepared to repeat the dose of epinephrine every 15-20 minutes if needed clinically.
3. If the person is a resident, the RN is to contact the resident's physician for further instructions. The goals of care for the resident, need to be reviewed before any other intervention is done. The family is to be contacted to be made aware of the incident, as well as, possible decision making.



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4. If contact with the physician does not occur within 15-20 minutes from the time of incident, and the resident once more manifests symptoms of anaphylaxis, repeat the dose of epinephrine. This can be repeated every 15-20 minutes until stabilized or further therapy instituted. If contact with the Attending Physician has not happened after administering the second dose of epinephrine, notify the Medical Director, Palliative Care Consultant, Clinical Care Coordinator and/or Director of Resident Care or designate.
5. If it is decided no further intervention is to be done or symptoms improve, the resident should be monitored and treated according to the care plan already in place.
6. The allergy and reaction must be recorded on the resident's medical record immediately and documented on the following forms:
 1. Progress Notes
 2. Doctor's Orders
 3. Care Plan
 4. Part 1 of the admission section
7. The resident must wear an allergy band indicating the allergy. Anaphylactic reaction is to be written on allergy band following the name of the allergy.
8. If the allergy reaction is to a medication the pharmacy must be notified so their records can be updated.
9. An incident report is to be completed detailing the type of reaction, the course of care provided, and then given to the Director of Resident Care for follow-up.