UC Riverside, School of Medicine Policies and Procedures
Policy Title: Anaphylaxis/Allergic Response
Policy Number: 950-03-002

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<tr>
<th>Responsible Officer:</th>
<th>Director of Clinical Initiatives</th>
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<td>Responsible Office:</td>
<td>Clinical Affairs</td>
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<tr>
<td>Origination Date:</td>
<td>03/15/2016</td>
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<td>Date of Revision:</td>
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<td>Scope:</td>
<td>UCR Health Faculty Practice Locations</td>
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I. Policy Summary
This policy defines procedures for staff when encountering a patient experiencing anaphylaxis or severe allergic response. Anaphylaxis is the most severe form of an allergic reaction that is usually rapid in onset and can result in death without proper treatment. An anaphylactic reaction can occur within minutes of exposure to an allergen (e.g., food, medication, latex, or insect venom from bees, wasps, hornets, etc.), or it may occur as a delayed reaction several hours after the initial exposure. Reactions to foods generally occur within two hours of ingestion. The most common food allergens are: peanuts, tree nuts (e.g. walnuts, almonds, cashews), milk, eggs, fish, shellfish, and to a lesser extent sesame seeds, soy, and wheat. In rare cases, vigorous exercise, in combination with sensitivity to a food allergen, can cause an anaphylactic reaction. The symptoms experienced during an anaphylactic reaction may vary from person to person and sometimes from attack to attack in the same person. This is to ensure that staff members are adequately prepared to respond appropriately and competently to an anaphylactic reaction.

II. Definitions
Refer to Definitions page

III. Policy
UCR Health staff will respond to anaphylaxis with immediate medical response, including administering an injection of epinephrine and calling 911. Adrenaline will be administered through an adrenaline auto-injector (such as an Epi-Pen) into the muscle of the outer mid-thigh and the patient will be monitored until emergency response personnel arrive.

IV. Responsibility
All Faculty Practice Locations staff.

V. Procedures
A. Pre-vaccination screening
Prevention of anaphylaxis is critically important. Pre-vaccination screening includes screening for a history of anaphylaxis and identification of potential risk factors. It should include questions about possible allergy to any component of the vaccine(s) being considered in order to identify if there is a contraindication.
B. Post-vaccination observation
Most instances of anaphylaxis to a vaccine begin within 30 minutes after administration of vaccine. Therefore, staff will monitor vaccine recipients for at least 15 minutes after immunization; staff should monitor the patient for 30 minutes when there is a specific concern about possible vaccine allergy.

C. Anaphylaxis symptoms
Anaphylaxis is an emergency condition that needs medical attention right away. If the following symptoms are present, staff will administer epinephrine and call 911. Symptoms may appear alone or in combination:
1. Skin: hives, swelling, itching, warmth, redness, rash
2. Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
3. Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
4. Cardiovascular (heart); pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
5. Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females

D. Anaphylaxis response
The suspected causative agent should be stopped immediately or removed as appropriate if possible. Patients should not be encouraged to vomit.

Check the patient's airway, breathing, and circulation (the ABC's of Basic Life Support). A warning sign of dangerous throat swelling is a very hoarse or whispered voice, or coarse sounds when the person is breathing in air. If necessary, begin rescue breathing and CPR.

1. Provide reassurance to the patient.
2. Take steps to prevent shock. Have the patient lie flat, raise the patient's feet about 12 inches, and cover him or her with a coat or blanket. Do not place the person in this position if a head, neck, back, or leg injury is suspected, or if it causes discomfort.

DO NOT:
• Do not assume that any allergy shots the person has already received will provide complete protection.
• Do not place a pillow under the person's head if he or she is having trouble breathing. This can block the airway.
• Do not give the person anything by mouth if the person is having trouble breathing.
E. Using the epinephrine auto-injector

Do NOT remove GRAY caps until you are ready to use the epinephrine auto-injector.

The following instructions should be followed for both epinephrine auto-injector 0.15 mg and epinephrine auto-injector 0.3 mg.

Step A

- Pull off GRAY end cap with the [1]; you will now see a RED tip. Never put thumb, finger, or hand over the RED tip.
- Pull off GRAY end cap with [2].

Step B

- Put the RED tip against the middle of the outer side of your thigh (upper leg) as shown. It can go through clothes.
- Press down hard until the needle enters your thigh (upper leg) through your skin. Hold it in place while slowly counting to 10.
- Remove the epinephrine auto-injector from your thigh.
- Check the RED tip. If the needle is exposed, you received the dose. If the needle is not visible, repeat Step B.

Step C

Get emergency medical help right away: Call 911.

Avoid injecting into buttock or any other part of the body.

Never put thumbs, fingers, or hand over the red tip. The needle comes out of the red tip. Accidental injection into hand or feet may result in the loss of blood flow to these areas. If this happens, go immediately to the nearest emergency room.

After use/disposal:

The epinephrine auto-injector is designed to contain more medicine (liquid) than what is delivered in a dose. After using the device, there will be extra liquid remaining in the auto-injector. This is a normal function of the auto-injector.

- The remaining liquid that is left after this fixed dose cannot be further administered and should be discarded.
- Put the auto-injector, needle first, into the sharps container.
F. Epinephrine storage
1. Keep the epinephrine auto-injector at room temperature: 68°-77°F (20°-25°C) with excursions permitted to 59°-86°F (15°-30°C). Do not refrigerate or freeze.
2. Check the epinephrine auto-injector regularly. Replace it if it has expired, or if the medicine is cloudy, discolored, or has particles in it.
3. The medicine in your epinephrine auto-injector can deteriorate when exposed to light, so keep it in the protective carrying case provided.
4. The medicine in your epinephrine auto-injector can also deteriorate when exposed to heat.
5. The epinephrine auto-injector is marked with an expiration date. The EpiPen should be checked monthly to make sure it has not expired. If it has, dispose of it and get a replacement.

NOTE: The epinephrine auto-injector is not waterproof, so if it is ever submerged in water or any other liquid, it cannot be used.

VI. Forms/Attachments (Not Applicable)

VII. Related Information (Not Applicable)

VIII. Revision History
New 3/2016

Approval(s):

Compliance Committee (07/19/2016)