

**SOMERSET PUBLIC SCHOOLS
AND
SOMERSET-BERKLEY REGIONAL HIGH SCHOOL
School Health Services
School Year 2025-2026**

STANDING ORDER & PROTOCOL FOR SEVERE ANAPHYLACTIC REACTION

Administration of epinephrine by auto-injector and Benadryl, by School Nurses in the Somerset Public Schools, to previously undiagnosed individuals who experience their first life threatening allergic event in the school setting.

A. Definition: Life threatening form of allergy with **sudden onset** and requiring instant action to prevent fatality.

B. Causes: Extreme sensitivity to one or more of the following:

1. Insect sting, usually bee or wasp
2. Medication, usually by injection
3. Food Allergy

C. Physical Findings: Assess patient for symptoms of shock/allergic reaction:

SYMPTOMS:

• Skin	Hives, itchy rash, swelling of face or extremities	<input type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine
• Mouth	Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine
• Throat*	Tightening of throat, hoarseness, hacking cough	<input checked="" type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine
• Lung*	Shortness of breath, repetitive coughing, wheezing	<input checked="" type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine
• Heart*	Thready pulse, low blood pressure, fainting, pale, blueness	<input checked="" type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine
• Other*	<u>any 2 organ systems</u>	<input checked="" type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above areas affected), give		<input checked="" type="checkbox"/> EpiPen	<input checked="" type="checkbox"/> Antihistamine

*Potentially life-threatening. The severity of symptoms can quickly change.

D. Management: (depending on symptoms above)

1. Administer epinephrine by auto-injector according to the following dose schedule:
Child weight: < 66 lbs: Epi-Pen Jr. (0.15mg) IM (thigh)
Child weight: ≥ 66 lbs: Epi-Pen (0.3mg) IM (thigh)
2. Administer Benadryl 25mg PO
3. Have someone call 911, transport to nearest hospital
4. Have someone contact parent or guardian (if student)
5. Monitor blood pressure and respirations, initiate CPR if necessary

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School Physician (SIGNATURE): *Staci M. Besnick*

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