SOMERSET PUBLIC SCHOOLS
AND
SOMERSET-BERKLEY REGIONAL HIGH SCHOOL
School Health Services
School Year 2026- 2027

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	□ EpiPen	☒ Antihistamine
• Mouth	Itching, tingling, or swelling of lips, tongue, mouth	□ EpiPen	☒ Antihistamine
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	□ EpiPen	☒ Antihistamine
• Throat*	Tightening of throat, hoarseness, hacking cough	☒ EpiPen	☒ Antihistamine
• Lung*	Shortness of breath, repetitive coughing, wheezing	☒ EpiPen	☒ Antihistamine
• Heart*	Thready pulse, low blood pressure, fainting, pale, blueness	☒ EpiPen	☒ Antihistamine
• Other*	any 2 organ systems	☒ EpiPen	☒ Antihistamine
• If reaction is progressing (several of the above areas affected), give		☒ EpiPen	☒ 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

School Physician (PRINT): Staci M. Resnick MD

School Physician (SIGNATURE): Staci M Resnick MD

DATE: 9/1/26

Address: 851 Middle St
Fall River MA 02721

Telephone Number: 508 324 6800

Print Name: _____ Relationship _____

SOMERSET BERKLEY REGIONAL HIGH SCHOOL STANDING ORDERS

By checking "Yes" on the reverse side of this treatment form, you are authorizing the school nurse to give your child any of the following over-the-counter medications and treatments

ORAL/INHALANT

- Tylenol 500mg. 1-2 tablets every 4-6 hours as needed
- Ibuprofen 200mg. 1-2 tablets every 6-8 hours as needed
- Tums (antacid) 2-4 tablets as needed
- Cough drops (generic - cherry, lemon, menthol) as needed

TOPICAL/EYE CARE

- A & D ointment/Vaseline/Aquaphor/Eucerin
- Bacitracin ointment
- Bactine Spray
- Benadryl ointment/spray
- Burn gel/spray/Aloe
- Caladryl
- Eye wash/contact eye solution/Visine/Refresh
- Hydrogen peroxide, alcohol pads
- Sting relief

Note: The school nurse has permission to substitute and over-the-counter/topical/eye care medications due to availability of products.

TREATMENT TO INJURIES

- Application of splint, sling or elastic wrap to injured extremity (arms, legs, feet, fingers)
- Application of steri-strips and/or butterfly bandages to lacerations

EMERGENCY TREATMENT

- Anaphylactic Emergency
  - EPI-PEN: Epinephrine Auto-Injector 0.3mg/Adult unit dose, IM, as needed for emergency treatment of anaphylaxis (severe allergic reaction)
  - Benadryl: 25mg tablets by mouth
  - Opioid Overdose: Nasal Naloxone (Narcan) 4mg intranasal spray

DISTRICT PHYSICIAN AUTHORIZATION

I hereby authorize the Somerset Berkley Regional High School Nurse to administer the above treatments as deemed necessary.

Physician Signature: Staci M Resnicks Date: 9/1/26

Print name: Staci M. Resnick MD ID #: MA 156346