**TREATMENT GUIDELINES FOR HEALTH STAFF**

**ACUTE ALLERGIC REACTION**

Authorized health and wellness staff may treat a suspected acute allergic reaction as follows:

1. If swelling of the lips, tongue or throat tightness occurs, with or without trouble breathing, administer an EpiPen and call 911 to transport the student to the nearest Emergency Department.
2. Associated symptoms requiring EpiPen and EMS transport include any of the following:

* Hypotension with systolic blood pressure < 90 mm Hg
* Shortness of breath, wheezing, stridor, cyanosis, respiratory distress
* Chest pain, palpitations, tachycardia, flushing
* Dizziness, syncope, headache, altered mental status
* Severe abdominal cramping, nausea, vomiting

1. Albuterol can be administered by nebulizer or metered dose inhaler (MDI) with oxygen via face mask for difficulty breathing, wheezing, stridor or cyanosis.
2. For skin manifestations, like itching or hives, administer a non-sedating H1 blocking antihistamine such as loratadine (Claritin) 10 mg po or fexofenadine (Allegra) 60 mg po. Diphenhydramine (Benadryl) 50 mg po or IM can be used, but will be sedating.
3. Consider the addition of an H2 blocking antihistamine such as famotidine (Pepcid) 40 mg po and/or prednisone 60 mg po for severe itching or extensive rash.
4. Observe for no less than 1 hour for improvement or worsening symptoms.
5. Any students with a history of anaphylaxis should be allowed to carry an EpiPen on their person at all times.

**WHEN TO REFER TO THE CENTER PHYSICIAN**

1. Any student who has required use of an EpiPen
2. Any student transported to the Emergency Department
3. Any student with a reaction to a newly identified allergen