

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

<b>Responsible Officer:</b>	Chief Medical Officer
<b>Responsible Office:</b>	Clinical Affairs
<b>Origination Date:</b>	03/15/2016
<b>Date of Revision:</b>	02/13/2023
<b>Scope:</b>	UCR Health Clinics

**I. Policy Summary**

This policy defines procedures for staff when encountering a patient experiencing anaphylaxis or severe allergic response. 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

**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.

**III. Policy Text**

UCR Health staff and/or providers 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. Responsibilities**

All UCR Health Clinics Providers.

**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 to administration. Document pre-vaccination patient screening responses on anaphylaxis history in EPIC.

### **B. Post-vaccination observation**

Most instances of anaphylaxis to a vaccine begin within 30 minutes after administration of vaccine. Therefore, staff and/or provider will monitor vaccine recipients for at least 15 minutes after immunization; staff and/or provider should monitor the patient for 30 minutes when there is a specific concern about possible vaccine allergy. Document all patient response to medication in EPIC.

### **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**

1. Use the most up to date resources based on the Epi Pen manufacturer information.

**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.

**VI. Forms/Instructions**

N/A

**VII. Related Information**

**Mylan Epi pen instruction**, 2/2023 available from: <https://www.epipen.com/-/media/files/epipen/howtouseepipenautoinjector.pdf>

**Impax Epi pen instruction**, 2/2023 available from: <https://epinephrineautoinject.com/what-is-the-epinephrine-injector/how-to-use-the-epinephrine-injector/>

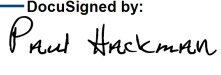
**VIII. Revision History**

New 3/2016

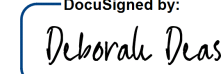
Revised 5/2019, 02/2023

Approvals:

COMPLIANCE COMMITTEE (03/14/2023)

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