Children & Young People’s Directorate

Procedure for the Management of Anaphylaxis for Health Visiting & School Nursing

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Directorate responsible for this Document Children & Young Peoples Services

Date of Implementation

Date of Review

Screened by

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Approved by (Signature)

September 2010
# Children & Young People’s Directorate

## Procedure/Guidelines/Protocol Checklist & Version Control Sheet

<table>
<thead>
<tr>
<th></th>
<th>Name of Procedure/Guidelines/Protocol:</th>
<th>Procedure for the Management of Anaphylaxis for Health Visiting &amp; School Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Purpose of Procedure/Guidelines/Protocol:</td>
<td>To provide guidance for all health visitors and school nurses to provide standardised, evidence based care in the event of a client developing an anaphylactic response following administration of an immunisation.</td>
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<tr>
<td>3</td>
<td>Replaces</td>
<td>Legacy Trust Procedures</td>
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<td>4</td>
<td>Applicable to which staff:</td>
<td>All Health Visiting and School Nursing Staff involved in administration of vaccinations</td>
</tr>
<tr>
<td>5</td>
<td>Name &amp; Title of Author:</td>
<td>Health Visiting &amp; School Nurse Team Managers</td>
</tr>
<tr>
<td>6</td>
<td>Equality Screened by:</td>
<td>Bronagh Shields &amp; Mairead Donnelly. No equality issues</td>
</tr>
<tr>
<td>7</td>
<td>Proposals for dissemination:</td>
<td>To Julie McConville via Team Manager forum and CYPS PNF Governance forum</td>
</tr>
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<td>8</td>
<td>Proposals for implementation:</td>
<td>With immediate and full effect in all teams</td>
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<tr>
<td>9</td>
<td>Upload to Trust Intranet</td>
<td>Yes</td>
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<tr>
<td>10</td>
<td>Training Implications:</td>
<td>To be included in annual PGD and Anaphylaxis update training</td>
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<td>11</td>
<td>Date Procedure / Guideline / Protocol Submitted to Procedure Committees:</td>
<td>29 September 2010</td>
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<tr>
<td>12</td>
<td>Outcome:</td>
<td>Approved</td>
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<tr>
<td>13</td>
<td>Date of CYP SMT approval</td>
<td>28 October 2010</td>
</tr>
<tr>
<td>14</td>
<td>Date approved by Trust SMT(if required):</td>
<td></td>
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<tr>
<td>15</td>
<td>Date approved at Statutory Monitoring Committee (Social Work only)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Date for further review (3 year Default)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Date added to repository:</td>
<td></td>
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</tbody>
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### 1.0 INTRODUCTION TO PROCEDURE

#### 1.1

Anaphylaxis is a severe, life-threatening, generalised or systematic hypersensitivity reaction (European Academy of Allergology and Clinical Immunology Nomenclature Committee 2004, cited by Resuscitation Council 2008) that is characterised by rapidly developing life-threatening airway and / or breathing and / or circulation problems usually associated with skin and mucosal changes.

Anaphylaxis following the administration of vaccination is rare; however, as the onset is rapid and unpredictable, it requires immediate action because of the serious respiratory and cardiac symptoms which can occur.

### 2.0 PURPOSE

#### 2.1

The aim of the procedure is to provide guidance for all health visitors and school nurses to provide standardised, evidence based care in the event of a client developing an anaphylactic response following administration of an immunisation.

### 3.0 SCOPE

#### 3.1

This procedure applies to all health visiting & school nursing staff who are involved in the administration of vaccinations. It addresses the Trust’s governance responsibilities and is a risk management strategy.

### 4.0 DIAGNOSIS

#### 4.1

All three criteria need to be met
• Sudden onset and rapid progression of symptoms
• Life threatening Airway and/or Breathing and Circulation problems
• Skin and/or mucosal changes (flushing, urticaria, angiodema – swelling of lips, mouth and throat etc)

4.2 All staff involved in the administration of immunisations should be able to distinguish between an anaphylactic reaction and a fainting episode (syncope) or panic attack (Appendix 1).

5.0 PROCEDURE

5.1 If any of the signs/symptoms of anaphylactic reaction occur immediately, stop administration of vaccination.

5.2 Immediate Action

1. Send a responsible adult to dial 999 and state that there is a suspected anaphylaxis.
2. Stay with the patient at all times.
3. Lie the patient down, ideally with the legs raised (if breathing not impaired).
4. Administer intramuscular adrenaline as per local Patient Group Directive (PGD). The preferred site is mid-point of the anterolateral aspect of the thigh

**IM doses of 1:1000 adrenaline**

- Child less than 6 years        150 mcg IM (0.15ml)
- Child 6 – 12 years                300mcg IM (0.3ml)
- Child more than 12 years     500mcg IM (0.5 ml)
- Adult                                     500mcg IM (0.5 ml)

**Repeat dosage after 5 minutes if no better**
(See Appendix 2 - Resuscitation Council Pathway March 2008)
5. Administer oxygen if available.
6. If breathing stops, mouth to mouth/mask resuscitation should be performed.
7. Due to the possibility of delayed reaction individuals who have had an anaphylactic reaction should be sent to hospital, even though they may appear to have made a full recovery.

### 5.3 Care of Anaphylaxis Pack

1. An anaphylaxis pack must always be available whenever vaccines are given.
2. An anaphylaxis pack contains two ampoules of adrenaline (epinephrine) 1:1000, four 23G needles and four graduated 1ml syringes.
3. Packs should be checked before each immunisation session to ensure the contents are within their expiry dates.
4. Laerdal or equivalent masks suitable for children and adults also need to be available.
5. Chlorephramine (chlorpheniramine) and hydrocortisone are not first line treatments and do not need to be included in the pack.

### 6.0 LEGISLATIVE COMPLIANCE, RELEVANT POLICIES, PROCEDURES AND GUIDANCE

Health visitors and school nurse service must take cognisance of other relevant Trust Policies, procedures and guidance when administering vaccinations:

- Nursing and Midwifery Council Guidance for Records and Record Keeping
7.0 EQUALITY & HUMAN RIGHTS CONSIDERATIONS

This Procedure has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commission’s screening criteria, no significant equality implications have been identified. Similarly, this procedure has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

8.0 SOURCES OF ADVICE AND FURTHER INFORMATION

Line Managers should be contacted in the first instance in relation to any specific queries on procedure contents. Line Managers should then escalate queries which they are unable to address to the procedure author.

The following websites may also be useful:-

- [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
8.0 References
<table>
<thead>
<tr>
<th>Feature</th>
<th>Fainting</th>
<th>Panic Attack</th>
<th>Anaphylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONSET</strong></td>
<td>Before, during or within minutes of vaccine administration</td>
<td>Usually before administration of immunisation</td>
<td>Usually within 5 minutes but can occur within hours of vaccine administration</td>
</tr>
<tr>
<td><strong>SKIN</strong></td>
<td>Generalised pallor, cold clammy skin</td>
<td>Erythematous rash maybe present</td>
<td>Skin itchiness, pallor or flushing of skin, red or pale urticaria (welts) or angiodema</td>
</tr>
<tr>
<td><strong>RESPIRATORY</strong></td>
<td>Normal respiration – may be shallow but not laboured</td>
<td>Hyperventilation</td>
<td>Cough, wheeze, strider or signs of respiratory distress (tachypnoea, cyanosis, rib recession)</td>
</tr>
<tr>
<td><strong>CARDIO-VASCULAR</strong></td>
<td>Bradycardia but with strong central pulse; hypotension – usually transient and corrects in supine position</td>
<td>Tachycardia, but strong central pulse. May be hypertensive</td>
<td>Tachycardia, with weak/absent central pulse; hypotension sustained</td>
</tr>
<tr>
<td><strong>NEUROLOGICAL</strong></td>
<td>Sense of light-headedness; loss of consciousness – improves once supine or head down position; transient jerking of the limbs and eye rolling which may be confused with seizure; incontinence</td>
<td>May lead to paraesthesiae (numbness and tingling) in arms and legs</td>
<td>Sense of severe anxiety and distress; loss of consciousness – no improvement once supine or head down position</td>
</tr>
</tbody>
</table>

**Clinical Features of fainting and anaphylaxis**

This table has been adapted from ‘Immunisation against infectious diseases’ (The Green Book) Page's 57-59, DOH 2006.
Anaphylactic reaction?

↓

Airway, Breathing, Circulation, Disability, Exposure

↓

Diagnosis – look for:
• Acute onset of illness
• Life-threatening Airway and/or Breathing and/or Circulation problems
• And usually skin changes

↓

• Call for help
• Lie patient flat
• Raise patient’s legs (if breathing not impaired)

↓

Intramuscular Adrenaline²

¹ Life-threatening problems:
Airway: swelling, hoarseness, stridor
Breathing: rapid breathing, wheeze, fatigue, cyanosis, SpO² <92%, confusion
Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

² Intramuscular Adrenaline
IM DOSES OF 1:1000 adrenaline (repeat after 5 min if no better)
• Adult 500 micrograms IM (0.5 ml)
• Child more that 12 years: 500 micrograms IM (0.5 ml)
• Child 6 – 12 years: 300 micrograms IM (0.3 ml)
• Child less than 6 years: 150 micrograms IM (0.15 ml)

Taken from Resuscitation Council (UK), 2008, Emergency Treatment of Anaphylactic Reactions, Guidelines for Healthcare Providers.

Southern Health and Social Care Trust

PROCEDURE FOR THE MANAGEMENT OF ANAPHYLAXIS FOR HEALTH VISITING AND SCHOOL NURSING

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