

Medical Directive:	MEDICAL DIRECTIVE: ADMINISTRATION OF INTRAMUSCULAR EPINEPHRINE FOR ANAPHYLAXIS 03A.2.01		
Performed by:	All RN's and RPN's of Residence		
Approved by:	Executive Director		
Date Approved:	October 2021	Date Revised:	
Page 1 of 4			

Signatories:

Medical Director:	_____	Date: _____ DD/MM/YYYY
	Dr. Daniel Vincent, MD	
Director of Residence Care:	_____	Date: _____ DD/MM/YYYY
	Kate Cholewa, RN	

Medical Directive Description:

The administration of intramuscular epinephrine for the treatment of life threatening anaphylaxis to a known allergen, after exposure to a likely allergen or without a clear history of allergen exposure and not related or expected as part of the current disease process. Physicians and Nurse Practitioners with admitting privileges to Hospice Care Ottawa (HCO) residences agree to authorization of the Medical Directives.

Regulated Health Professional (s) Authorized to Implement Directive:

Registered Nurses (RN) and Registered Practical Nurses (RPN) who have completed a learning package and certification test related to the administration of epinephrine.

Indications

Anaphylaxis is suspected when the patient presents with acute onset of illness related to a known or unknown allergen may involve:

- Skin and/or mucosa changes including generalized hives/red rash; flushed skin; itchiness; angioedema leading to swollen face/lips/tongue/uvula; drooling, cyanosis/pale/grey skin colour

and at least one of the following:

- Respiratory compromise which may include edema of the oropharynx and hypopharynx (causing stridor); bronchospasm and wheeze; decreased air entry; increased respiratory rate; cough; increased work of breathing; shortness of breath; use of accessory muscles; hypoxemia;

and/or

- Cardiovascular compromise which may include sweating; tachycardia; cyanosis; poor capillary refill time; restlessness; hypotension; loss of consciousness.
- Unable to reach The Most Responsible Physician (MRP) of the patient or Medical Director or Site Lead

Exclusions

Epinephrine IM specific to this directive is not indicated for:

- Symptoms not induced by an allergen.

Implementation of Directive

1. Request a designate to reach someone to help manage the care (in this order) while you implement the directive:
 - a. The Most Responsible Physician (MRP) of the patient
 - b. Medical Director or Site Lead
 - c. On- Call Nurse
 - d. Director of Residence Care
 - e. Executive Director
2. Obtain the following supplies:
 - a. Epinephrine 1mg/1mL (1:1000 vial) from the med cupboard
 - b. 1 mL syringe x 3
 - c. 25 gauge needles x 3
3. Prepare the epinephrine:
4. Draw up the epinephrine 0.3mg/0.3mL in a 1 cc syringe. Label syringe.
5. Prepare to administer epinephrine 0.3 mg IM (0.3mL) deep intramuscular in the mid anterior lateral thigh or deltoid muscle in upper arm. This dose is intended for an adult larger than 30 kg. Do not use an existing subcutaneous access port to avoid potential issues with interactions with other medications.
6. After the initial dose has been administered, monitor for continued signs and symptoms of anaphylaxis.
7. If the patient does not respond to the first dose in 5 minutes, administer another 0.3 mg (0.3mL) of epinephrine IM using the patients other anterior lateral thigh or other deltoid muscle and continue monitoring symptoms.
8. If after another 5 minutes the patients condition does not improve a third dose of 3 mg (0.3mL) of epinephrine IM will be given (a total of 3 doses of 0.3mg of epinephrine over 15 minutes).
9. Monitor for adverse effects of the epinephrine administration. Monitor vital signs (RR, BP, HR) every 15 minutes for the first 2 hours, then every 30 minutes for the next 4 hours.

Documentation
<ul style="list-style-type: none"> • Document the administration of epinephrine for anaphylaxis as ‘Administration of Epinephrine for Anaphylaxis as per Medical Directive’ on the physician’s order form, along with the name and legible signature of the implementer including credentials. • Document the route and dose(s) of the epinephrine on the medication administration record (MAR). • Document the events leading up to the decision to initiate the medical directive related to the administration of epinephrine will be documented in the progress notes • Notification of the patients’ physician or the physician on call regarding the administration of the epinephrine will be documented in the progress notes. • Notification of the POA or SDM is documented in the progress notes • Complete an Incident Report if you have implemented this Medical Directive
Management of Untoward Outcomes
<p>Any untoward event suspected to be related to the implementation of this Medical Directive, is reported to the MRP or physician on duty and the Team Leader or after hours the On Call nurse. The event is documented in the progress notes.</p>
Education Process for Implementation of this Medical Directive
<p>Registered nurses are guided by their respective professional practice standards and are accountable at all times for their own practice and actions. Each are also accountable to acquire and maintain the level of competence required for the ongoing provision of safe and effective care along with being able to recognize the limits of their practice and competence.</p> <p>The educational process required for the implementation of the medical directive include:</p> <ol style="list-style-type: none"> 1. Understanding the policy in place related to the administration of epinephrine for anaphylaxis to a palliative patient. 2. Completion of the learning package and quiz prepared by HCO related to the administration of epinephrine for anaphylaxis medical directive.
References
<p>Anagnostou, K. & Turner, P. (2019). Myths, fact and controversies in the diagnosis and management of anaphylaxis. <i>Arch Dis Child</i>; 104; 83-90. Accessed via BMJ Reviews https://adc.bmj.com/content/104/1/83</p> <p>Royal Pharmaceutical Society (2020). The treatment of anaphylaxis and other medical emergencies. Accessed July 2020 at https://www.palliativedrugs.com/download/anaphylaxis.pdf</p> <p>Sheikh, A., Shehata, Y., Brown, S.G. & Simons, F.E. (2009). Adrenaline for the treatment of anaphylaxis: Cochrane systemic review. <i>Allergy</i>; 64, 204-212.</p> <p>Tupper, J. & Visser, S.(2010). Anaphylaxis: A review and update. <i>Canadian Family Physician</i>, 56.1009-1012.</p>

MEDICAL DIRECTIVE OF EPINEPHRINE FOR ANAPHYLAXIS

Up-to Date (2020) Anaphylaxis: Emergency treatment. Accessed July 2020 at
<https://www.uptodate.com/contents/anaphylaxis-emergency-treatment>