



WASHINGTON STATE STANDING ORDER TO DISPENSE AND ADMINISTER EPINEPHRINE, EPINEPHRINE AUTO, AND INTRANASAL INJECTORS IN SCHOOL DISTRICTS AND NONPUBLIC SCHOOLS

AUTHORITY: This standing order is issued under RCW 43.70.827, which authorizes the Secretary of Health or the Secretary's designee to issue a statewide standing order prescribing epinephrine to any school district or school for use by a school nurse or other designated trained school personnel, as authorized under RCW 28A.210.383, for any student or individual experiencing anaphylaxis on school property, including the school building, and school bus, as well as during field trips, or sanctioned excursions away from school property. The physician issuing this standing order has been designated to do so by the Secretary of Health.

PURPOSE: To allow school districts and schools in Washington state to possess stock epinephrine and school nurses and designated trained school personnel to administer stock epinephrine to students or individuals experiencing anaphylaxis on school property, including the school building, and school bus, as well as during field trips, or sanctioned excursions away from school property.

AUTHORIZATION

- Pharmacists may dispense and deliver epinephrine as noted below to any school nurse and dispense and deliver epinephrine auto and intranasal injectors as noted below to any school representative in Washington state.
- School districts and nonpublic schools may maintain a supply of stock epinephrine and epinephrine auto and intranasal injectors at a school in a designated location in accordance with the standards for management of stock epinephrine and epinephrine auto and intranasal injectors below.
- **Stock epinephrine may be administered on school property, including the school building, and school bus, as well as during field trips, or sanctioned excursions away from school property following district or school policy and procedure and subject to the requirements of this standing order in the following two situations:**
 - **STANDING ORDER FOR STUDENTS WITH CURRENT EPINEPHRINE PRESCRIPTION:** If a student has a prescription for an epinephrine auto or intranasal injector on file in the school, the care plan including the student's licensed healthcare provider's prescription must be followed. A school nurse may administer the school's stock epinephrine and a school nurse and designated trained school personnel may administer the school's stock epinephrine auto or intranasal injector (following the manufacturers package instructions) to respond to an anaphylactic reaction under a standing protocol according to RCW 28A.210.380.
 - **STANDING ORDER FOR STUDENTS OR OTHER INDIVIDUALS WITHOUT A CURRENT EPINEPHRINE PRESCRIPTION:** If a student or other individual does not have a prescription for epinephrine on file in the school, a school nurse may administer the school's stock epinephrine or stock epinephrine auto or intranasal injector (following the manufacturers package instructions) in the event that the school nurse, using reasonable and prudent professional judgment, determines that an individual is displaying the symptoms of anaphylaxis. This standing order does not authorize anyone other than a school nurse to administer epinephrine or an epinephrine auto or intranasal

injector to a student or individual who does not have a prescription on file at the school. If a school nurse is not immediately available, emergency medical services should be activated immediately by calling 911.

TERMS AND CONDITIONS:

- To utilize this standing order as designated trained school personnel, an individual must be an employee of a school district or nonpublic school who has been trained to recognize the signs and symptoms of anaphylaxis and in the administration of an epinephrine auto or intranasal injector.
- School districts and nonpublic schools should ensure they have a policy and procedure in place regarding use and management of stock epinephrine and/or stock epinephrine auto or intranasal injector.

STANDING ORDER PROTOCOL:

The following Standing Order Protocol will be utilized for the administration of stock epinephrine in the event of a serious adverse allergic reaction, including anaphylaxis. For all individuals displaying the symptoms of a life-threatening allergic reaction (anaphylaxis), activate Emergency Medical Services (EMS) by calling or directing a bystander to call 911.

Student with a prescription for an epinephrine auto or intranasal injector for a previously diagnosed life-threatening allergy:

The school nurse may administer epinephrine or an epinephrine auto or intranasal injector or designated trained school personnel may administer an epinephrine auto or intranasal injector to a student who has symptoms or reports exposure or is suspected of exposure according to:

- The Medication Authorization Order; and
- The student's established health plan; and
- School district or nonpublic school procedures for students with life threatening conditions.

Student or other individual without a prescription for an epinephrine auto or intranasal injector for a previously diagnosed life-threatening allergy:

If a school nurse is available, using reasonable and prudent professional judgment, they may determine that an individual is displaying the symptoms of anaphylaxis and may administer the school's supply of stock epinephrine or epinephrine auto or intranasal injector.

The school nurse will ask or estimate the individual's body weight and administer:

- 0.1mg epinephrine IM in lateral thigh for a body weight 16.5 - <33 lbs., or
- 0.15mg epinephrine IM in lateral thigh for body weight 33 - <66 lbs., or
- 0.3mg epinephrine IM in lateral thigh for body weight greater than ≥ 66 lbs.

OR

- 1mg epinephrine via Neffy intranasal injector for a person age 4+ years with a body weight of 33 - <66 lbs.
- 2mg epinephrine via Neffy intranasal injector for a person age 4+ years with a body weight greater than ≥ 66 lbs.

16.5 lbs. = 7.5kg

33lbs. = 15kg

66lbs. = 30kg

The school nurse may refer to this information on recognizing and responding to anaphylaxis from:
<https://stacks.cdc.gov/view/cdc/106312>

How to recognize anaphylaxis

Healthcare personnel should consider anaphylaxis when patients present with generalized signs or symptoms such as **hives, serious or life-threatening symptoms** (e.g., hypotension, respiratory distress, or significant swelling of the tongue or lips), or **symptoms that involve more than one body system**.



Respiratory:

- sensation of throat closing
- stridor (high-pitched sound while breathing)
- shortness of breath
- wheeze, cough



Gastrointestinal:

- nausea
- vomiting
- diarrhea
- abdominal pain



Cardiovascular:

- dizziness
- fainting
- tachycardia (abnormally fast heart rate)
- hypotension (abnormally low blood pressure)



Skin/mucosal:

- generalized hives
- itching
- swelling of lips, face, or throat



Neurological:

- agitation
- convulsions
- acute change in mental status
- sense of impending doom (a feeling that something bad is about to happen)

What to do if you suspect anaphylaxis



Assess airway, breathing, and circulation



Administer epinephrine



Call Emergency Medical Services (EMS)



Place in supine position

For all individuals displaying the symptoms of a life-threatening allergic reaction (anaphylaxis):

- Activate Emergency Medical Services (EMS) by calling or directing a bystander to call 911
 - Then contact the student's parent or guardian (if applicable)
- If epinephrine is administered, note the time and anatomical site of injection and report the information to emergency services personnel.
- Closely monitor the individual until EMS arrives, do not leave the person alone:
 - Keep the person in a supine or recovery position unless they are having difficulty breathing or are vomiting.
 - If the person is vomiting, turn them onto their side.
 - If having difficulty breathing the head may be elevated, provided blood pressure is adequate to prevent loss of consciousness.
 - If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help, and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
 - The school nurse (if present) will monitor vital signs every 5 – 10 minutes until EMS arrives.
 - If within 5-20 minutes symptoms persist or are worsening, repeat the same dose of epinephrine. If EMS is not on site, call and update 911.
- When EMS arrives:
 - Inform them of the symptoms, and any change in the symptoms.
 - Inform them of the time and anatomical site of any epinephrine administered and give them the used auto or intranasal injector.
- If the individual is not transported by EMS refer the individual to a licensed health care provider for medical evaluation, even if symptoms resolve completely.
- Document the event according to school policy and procedure.
- Notify the student's licensed health care provider (if known) of the anaphylactic reaction.

Management of stock epinephrine and epinephrine auto or intranasal injectors:

- Storage and Handling:
 - Epinephrine is light sensitive and should be stored in the outer case provided to protect it from light.
 - Store at **20°-25°C (68°-77°F)**, do not refrigerate.
 - Before using, check to make sure the solution in the autoinjector is clear and colorless
- School staff should ensure that stock epinephrine and stock epinephrine auto or intranasal injectors are not expired.
- Dispose of expired unused epinephrine in a manner consistent with current school medication policies.

Stock Epinephrine Prescription

This standing order is a prescription authorizing pharmacists to dispense and deliver epinephrine as noted below to any school nurse and to dispense and deliver epinephrine auto and intranasal injectors as noted below to any school representative in Washington state:

Dispense

To: _____

Printed name of School District or School

Name	Strength	Directions	Quantity
Adrenaclick epinephrine autoinjector 2-Pak	0.15mg	Inject IM once into the lateral thigh following the package instructions as needed for symptoms of anaphylaxis.	
Adrenaclick epinephrine autoinjector 2-Pak	0.3mg		
Auvi-Q epinephrine autoinjector 2-Pak	0.1mg		
Auvi-Q epinephrine autoinjector 2-Pak	0.15mg		
Auvi-Q epinephrine autoinjector 2-Pak	0.3mg		
Epi-Pen Jr. epinephrine autoinjector 2-Pak	0.15mg		
Epi-Pen epinephrine autoinjector 2-Pak	0.3mg		
SYMJEPI epinephrine autoinjector 2-Pak	0.15mg		
SYMJEPI epinephrine autoinjector 2-Pak	0.3mg		
Generic epinephrine autoinjector 2-Pak,	0.15mg		
Generic epinephrine autoinjector 2-Pak	0.15mg		
Generic epinephrine autoinjector 2-Pak	0.3mg		
Neffy epinephrine intranasal injector 2-Pak	1mg	Inject once into a nostril following the package instructions as needed for symptoms of anaphylaxis	
Neffy epinephrine intranasal injector 2-Pak	2mg		
Epinephrine multi-dose vial	1mg/1mL	Inject IM once into lateral thigh as needed for symptoms of anaphylaxis • 0.1mg epinephrine for a body weight 16.5 - <33 lbs., or • 0.15mg epinephrine for body weight 33 - <66 lbs., or • 0.3mg epinephrine for body weight greater than >66 lbs.	

Refills: As needed.


 Physician Signature and License No.

MD00031968

4-17-25

Date

Tao Sheng Kwan-Gett, MD MPH _____
 State Health Officer
 Physician Name and Title (Printed)

Expiration: This standing order will expire on the date that the physician who signed the order revokes it or ceases to act as the Secretary of Health's designee, whichever comes sooner. This standing order shall be reviewed on an annual basis against current best practices and may be revised or updated if new information necessitates it.