**Allergy Simulation**

Objectives-Students will:

1. Recognize the signs and symptoms of Anaphylaxis
2. Differentiate between the clinical signs of asthma and anaphylaxis
3. Demonstrate proper administration of emergency epinephrine by auto injector (EpiPen©)
4. Demonstrate therapeutic nursing skills
5. Recognize need for emergency response following administration of emergency epinephrine by auto-injector in the school health setting

SCENARIO

Tommy is an 8 year-old boy in 2nd grade in the Pear Tree Elementary School. His PMH includes asthma and recently saw his pediatrician for a new onset allergy. Otherwise, no significant medical history. At 11:30 AM, Tommy was escorted into the school nurse’s office by the teacher/principal on duty in the cafeteria. Tommy told them he did not feel well, and they wanted the nurse to check him out before he goes out to recess. The school nurse is orienting a new school nurse that day. Tommy is lying down on the cot in the nurse’s office.

His vital signs are: Temperature (oral) 98.4 (F), RR 22, HR 120, BP 86/58.

Tommy has an allergy action plan that describes the signs and symptoms of asthma but the family has not brought in a new allergy/asthma action plan. Tommy has orders for a diphenhydramine (Benadryl), and for PROAIR HFA (albuterol sulfate) inhaler. But does not have an order for epinepherine

School Nurse Role

The school nurse’s role is to assess the patient and provide appropriate interventions for this scenario. The school nurse also uses this as a learning opportunity for the new school nurse being oriented.

New School Nurse Role

The new school nurse’s role is to take direction from the school nurse.

Teacher/Principal Role

The teacher/principal role is to observe the scenario and to react according to the script provided.

Teacher/Principal Script

The teacher/principal will wait with Tommy in the nurse’s office until the School Nurse and orienting school nurse arrive.

When they arrive, Teacher/Principal says;

*“TOMMY WAS AT LUNCH IN THE CAFETERIA AND TOLD ME HE DID NOT FEEL WELL. HE DIDN’T SAY WHAT EXACTLY WAS WRONG, BUT HE WANTED HIS MOTHER TO BE CALLED TO PICK HIM UP.”*

The nurses should introduce themselves and try to calm Tommy down. If they do not use try to calm him, say:

*“HE SEEMS VERY UPSET!” “CAN HE BREATH OKAY?”*

If nurse does not eventually ask about whether he ate food that contained peanuts, say: *“I THINK HE BOUGHT LUNCH TODAY”.*

If the nurse does not ask what the lunch contained, the teacher/principal should say:

*“I THINK PEANUT BUTTER AND JELLY SANDWICHES WERE ON THE MENU. DO YOU THINK HE MAY HAVE ATE ONE?”*

*If the nurse does not eventually give an EpiPen, say: “DOES HE HAVE MEDICINE FOR HIS ASTHMA AND ALLERGIES HERE?”.*

If the nurse gives the EpiPen and does not call 911, then say, “*LAST TIME SOMEONE GAVE A STUDENT AN EPIPEN THE AMBULANCE ARRIVED REALLY FAST!”.*

Observer Role

The observer’s role is to watch the scenario and take notes to reflect on in debriefing.

School Nurse Role

The school nurse’s role is to assess the patient and provide appropriate interventions for this scenario. The school nurse also uses this as a learning opportunity for the new school nurse orienting with the school nurse that day.

Debrief

Emotionally how did that feel

Role as a school nurse assess, treat and call EMS

Delegate to available resources to call EMS, parents, flag down the ambulance

Reassure the child

Discuss different scenarios and how children of different ages respond.

New treatment for anaphylaxsis

Timing is life saving

Ignore background noise

New School Nurse Role

The new school nurse’s role is to take direction from the school nurse.