



## Statewide Nursing Standing Order for Administration of Epinephrine Auto-Injector in Individuals Weighing 16.5 to 33 lbs

**Purpose:** This standing order authorizes any registered nurse or licensed practical nurse licensed by the NCBON and practicing in the state or those practicing in NC under an emergency waiver, in accordance with the conditions of their licensure, to administer an epinephrine auto injector to persons weighing 16.5 to 33 lbs as directed below.

<b>Condition or Situation</b>	
<b>Condition or Situation in which this SO will be used</b>	This standing order will be used to treat patients weighing 16.5 to 33 lbs who are experiencing life-threatening allergic reactions, including anaphylaxis.
<b>Assessment</b>	
<b>Assessment Criteria</b>	The following criteria must be met before the nurse can administer epinephrine under this order.
	<b>Subjective</b>
	Subjective: Patient reports any of the following: <ol style="list-style-type: none"> <li>1. Tingling in hands or face</li> <li>2. Swelling</li> <li>3. Difficulty breathing</li> <li>4. Increased runny nose</li> <li>5. Paroxysmal sneezing</li> <li>6. Severe anxiety</li> <li>7. A history of anaphylactic reactions and an immediate past exposure to the causative antigen</li> </ol> Note that the patient may not be able to speak if a severe allergic reaction is occurring.
	<b>Objective</b>
	Objective: <ul style="list-style-type: none"> <li>• Patient weighs between 16.5 to 33 lbs (7.5 to 15 kg).</li> <li>• Nurse observes any of the following symptoms of shock, wheezing or stridor, difficulty breathing or coughing, swelling of the face, lips, mouth, tongue, eyes, hands or all over, hives</li> </ul>
<b>Nursing Plan of Care</b>	
<b>Contraindications for Use of this Order</b>	There are no absolute contraindications to the use of epinephrine in a life-threatening situation.



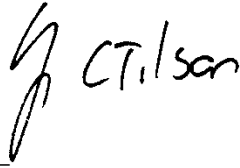
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<b>Medical Treatment</b>	<ol style="list-style-type: none"> <li>1. Auvi-Q 0.1 mg is the only FDA-approved epinephrine auto-injector product for this weight. Follow manufacturer instructions for the delivery of medication. <a href="http://www.auvi-q.com">www.auvi-q.com</a></li> <li>2. Firmly inject 0.1 mg epinephrine into the anterolateral aspect of the thigh, through clothing if necessary.</li> <li>3. Hold in place for 3 seconds to ensure medication is delivered.</li> <li>4. Note the time the medication was administered.</li> </ol>
<b>Nursing Actions</b>	<ol style="list-style-type: none"> <li>1. Call 9-1-1 or otherwise activate EMS immediately.</li> <li>2. Remain with patient and monitor the patient's airway, breathing, circulation and level of consciousness.</li> <li>3. If patient is conscious and alert, explain to patient and/or family that a reaction may be occurring, and that staff is prepared to care for the patient or administer a second dose of epinephrine if needed.</li> <li>4. Monitor patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.</li> <li>5. If EMS has not arrived there is no improvement, symptoms persist or worsen, an additional dose of 0.1 mg epinephrine may be given after 5-15 minutes, for a total of 2 doses. More than two doses are not covered under this standing order. If additional doses beyond the second dose are needed, a physician or advanced practice provider shall provide medical direction.</li> </ol>
<b>Follow-up</b>	<ol style="list-style-type: none"> <li>1. Report the event and actions taken to first responders/ EMS when they arrive.</li> <li>2. Document nursing actions taken including vital signs, time that epinephrine was administered, and the time the event was observed, and the patient's response on any appropriate forms or health record, according to local policy and procedure.</li> <li>3. If patient stabilizes and remains at the site, nurse should talk with patient to identify the source of the reaction. If no controllable source exists, nurse should continue to check on patient every 1 hour x 4 hrs. then every 8 hours while patient remains at the site.</li> </ol>
<b>Criteria for Notifying the physician/APP</b>	



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	The physician or advanced practice provider managing the site should be notified any time an epinephrine auto-injector is administered, once EMS has been activated. If available, he/she will manage the incident.
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Handwritten signature of Elizabeth Cuervo Tilson.

Signature: \_\_\_\_\_

Elizabeth Cuervo Tilson, MD, MPH

NPI: 1760540421

Date Approved: 10-7-24

This order is effective immediately upon signing and may be revised or revoked by the State Health Director according to his/her discretion. Legal Authority [Executive Order 318](#).