

Report of Epinephrine Administration

Recipient Demographics and Health History

1. Name: _____
2. Age: _____
3. Type of Person: Student Staff Visitor
4. History of severe or life-threatening allergy: Yes, known by student family Yes, known by school Unknown
5. If yes, was allergy action plan available at school? Yes No Unknown

School Plans and Medical Orders

1. Individual Health Care Plan (IHCP) in place? Yes No Unknown
2. Written school district policy on management of life threatening allergies in place? Yes No Unknown
3. If a student, does the student have a specific order for epinephrine? Yes No Unknown
4. Expiration date of epinephrine _____

Epinephrine Administration Incident Reporting

1. Date/Time of occurrence: _____
2. Vital signs: BP ___/___ Temp ___ Pulse ___ Respirations _____
3. If known, specify trigger that precipitated this allergic episode: _____
4. If it was a food trigger, please note type of exposure, i.e., ingested, touched, inhaled, unknown _____
5. Where did the reaction begin: _____
6. How did the exposure occur: _____

7. Symptoms: (Circle all that apply)
Respiratory: cough/difficulty breathing/hoarse voice/nasal congestion/runny nose/oral swelling/shortness of breath/noisy breathing/chest or throat tightness/wheezing
Gastrointestinal: abdominal discomfort/diarrhea/difficulty swallowing/oral itching/nausea/vomiting
Skin: angioedema/flushing/itching/rash/hives/lip swelling/pale

Cardiac/Vascular: chest discomfort/cyanosis/dizziness/faint or weak pulse/headache hypotension/tachycardia

Other: diaphoresis/irritability/loss of consciousness/metallic taste/red eyes/sneezing

8. Location where epinephrine administered: __ Health Office __ Other

specify _____

9. Location of epinephrine storage: _____

10. Epinephrine administered by: _____

11. Was the injector formally trained: _____

12. Time elapsed between onset of symptoms and communication of symptoms: _____

13. Time elapsed between communication of symptoms and epinephrine administration: _____

14. Time parents notified: _____

15. Was a second dose of epinephrine required: _____ If yes, what time _____

16. Who administered the second dose of epinephrine: _____

Disposition

1. EMS notified at: (time) _____

2. Who notified EMS: _____

3. What time did EMS arrive: _____

4. Was the student/staff/visitor transferred to ER: _____

5. Who transferred the student/staff/visitor: _____

6. Did parents present at the school: _____

7. Student/Staff/Visitor outcome: _____

School Follow-up

1. If first reaction, was the individual prescribed epinephrine: _____

2. Did the individual follow up with a care provider: _____

3. Has an Emergency Action Plan been developed for the individual: _____

4. Recommendations for change, i.e., protocol change, policy change, educational change:

5. Names of parties involved: _____

6. Form completed by: _____

Date: _____

Title: _____

Phone number: _____