

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: \_\_\_\_\_