

Report of Epinephrine Administration

Student Demographics and Health History

1. School District: _____ Name of School: _____
2. Age: _____ Type of Person: Student Staff Visitor Gender: M F
3. History of allergy: Yes No Unknown If known, specify type of allergy: _____
- If yes, was allergy action plan available? Yes No Unknown History of anaphylaxis: Yes No Unknown
- Previous epinephrine use: Yes No Unknown Diagnosis/History of asthma: Yes No Unknown

Epinephrine Administration Incident Reporting

4. Date/Time of occurrence: _____ Vital signs: BP _____/____ Temp _____ Pulse _____ Respiration _____
5. If known, specify trigger that precipitated this allergic episode:
- Food Insect Sting Exercise Medication Latex Other _____ Unknown
- If food was a trigger, please specify which food _____
- Please check: Ingested Touched Inhaled Other specify _____
6. Did reaction begin prior to school? Yes No Unknown
7. Location where symptoms developed:
- Classroom Cafeteria Health Office Playground Bus Other specify _____
8. How did exposure occur?
- _____

9. Symptoms: (Check all that apply)

Respiratory

- Cough
 Difficulty breathing
 Hoarse voice
 Nasal congestion/rhinorrhea
 Swollen (throat, tongue)
 Shortness of Breath
 Stridor
 Tightness (chest, throat)
 Wheezing

GI

- Abdominal discomfort
 Diarrhea
 Difficulty swallowing
 Oral Pruritis
 Nausea
 Vomiting

Skin

- Angioedema
 Flushing
 General pruritis
 General rash
 Hives
 Lip swelling
 Localized rash
 Pale

Cardiac/Vascular

- Chest discomfort
 Cyanosis
 Dizziness
 Faint/Weak pulse
 Headache
 Hypotension
 Tachycardia

Other

- Diaphoresis
 Irritability
 Loss of consciousness
 Metallic taste
 Red eyes
 Sneezing
 Uterine cramping

10. Location where epinephrine administered: Health Office Other specify _____
11. Location of epinephrine storage: Health Office Other specify _____
12. Epinephrine administered by: RN Self Other

If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?

Yes If known, date of training _____ No

Did the student follow school protocols to notify school personnel and activate EMS? Yes No NA

If epinephrine was administered by other, please specify _____

Was this person formally trained? Yes Date of training _____ No Don't know

13. Time elapsed between onset of symptoms and communication of symptoms: _____ minutes

14. Time elapsed between communication of symptoms and administration of epinephrine: _____ minutes
Parent notified of epinephrine administration: (time) _____

15. Was a second epi-pen dose required? Yes No Unknown

If yes, was that dose administered at the school prior to arrival of EMS? Yes No Unknown

Approximate time between the first and second dose _____

Biphasic reaction: Yes No Don't know

Disposition

16. EMS notified at: (time) _____

Transferred to ER: Yes No Unknown

If yes, transferred via ambulance Parent/Guardian Other Discharged after _____ hours

Parent: At school Will come to school Will meet student at hospital Other: _____

17. Hospitalized: Yes If yes, discharged after _____ days No Name of hospital: _____

18. Student/Staff/Visitor outcome: _____

If first occurrence of allergic reaction:

a. Was the individual prescribed an Epi Pen in the ER? Yes No Don't know

b. If yes, who provided Epi Pen training? ER PCP School Nurse Other _____ Don't know

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes No Don't know

School Follow-up

19. Did a debriefing meeting occur? Yes No Did family notify prescribing MD? Yes No Unknown

20. Recommendation for changes: Protocol change Policy change Educational change Information sharing None

21. Comments (include names of school staff, parent, others who attend debriefing): _____

22. Form completed by: _____ Date: _____

(please print)
Title: _____

Phone number: (_____) _____ - _____ Ext.: _____ Email: _____

School District: _____

School address: _____