

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

Ethnicity—Spanish/Hispanic/Latino: Yes No

3. Race American Indian/Alaskan Native African American Asian
 Native Hawaiian/other Pacific Islander White Other

4. History of severe or life-threatening allergy: Yes, known by student/family
 Yes, known by school Unknown If known, specify type of allergy

If yes, was allergy action plan available at school? Yes No Unknown

School Plans and Medical Orders

5. Individual Health Care Plan (IHCP) in place? Yes No Unknown

6. Written school district policy on management of life-threatening allergies in place? Yes No Unknown

7. Does the student have a student specific order for epinephrine? Yes No Unknown

8. Expiration date of epinephrine _____ Unknown

Epinephrine Administration

9. Date/time of occurrence _____

Vital signs: BP _____ / _____ Temp _____ Pulse _____ Respiration _____

10. 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 _____

11. Did reaction begin prior to school? Yes No Unknown

12. Location where symptoms developed: Classroom Cafeteria Health office
 Playground Bus Other, specify

13. How did exposure occur?

14. 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
- 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

15. Location where epinephrine administered: Health office Other, specify

16. Location of epinephrine storage: Health office Other, specify

17. 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? _____

Did the student follow school protocols to notify school personnel and activate EMS?

Yes No Unknown

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

19. Time elapsed between communication of symptoms and administration of epinephrine:

_____ minutes; Parent notified of epinephrine administration: (time) _____

20. Was a second dose of epinephrine 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 Unknown

Disposition

21. 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

If first occurrence of allergic reaction:

a. Was the individual prescribed an epinephrine auto-injector in the ER? Yes No Unknown

b. If yes, who provided the epinephrine auto-injector training? ER PCP School Nurse

Other _____ Unknown

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes No Unknown

22. Did a debriefing meeting occur: Yes No

(see follow-up/debriefing questions form)

23. Form completed by:

Name (*please print*): _____ Date: _____

Title: _____

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