## 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?

□ Yes, if known, date of training __________ □ No

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

If epinephrine was administered by other, please specify______________________________

Was this person formally trained? □ Yes; date of training __________ □ 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 □ 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
### Disposition

**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: ____________________________

Adapted from the Massachusetts Department of Health, School Health Unit