

AUVI-Q™ SKILLS TEST

Name _____ School _____

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer Auvi-Q™ then call 911).	
3	Remove Auvi-Q™ from the outer case if ready to use (note: The Auvi-Q™ is designed to go through clothing or directly on the skin).	
4	Pull off red safety guard. Be careful not to touch the black base of the auto-injector.	
5	Place the black end of the Auvi-Q™ against the middle of the outer thigh area.	
6	Press the Auvi-Q™ firmly against the thigh until a click and hiss is activated. Hold in place for 5 seconds.	
7	Remove the Auvi-Q™ from the injection site and monitor until help arrives.	
8	Have a second dose readily available to repeat steps 2-7, if symptoms do not improve or worsen in 5 to 15 minutes.	
SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED		8

Potential Signs and Symptoms of Anaphylaxis

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of “impending doom,” irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

Store and Use

- Room temperature in the outer case it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot or cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one.
- Dispose of auto-injector properly

Call 911 immediately after using the Auvi-Q™.

Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.

When do you use Auvi-Q™?

- Auvi-Q™ auto-injector (0.3 mg) if > 66 lbs
- Auvi-Q™ auto-injector (0.15 mg) if 33 – 66 lbs
- Auvi-Q™ auto-injector (0.1 mg) if 16.5 – 33 lbs

STAFF SIGNATURE _____

DATE _____