**Severe Allergic Reaction (Anaphylaxis) Medication Administration**

**Epinephrine Auto-Injector**

**EpiPen®**

**Skills Competency**

Annual skill verification is recommended by a registered nurse, medical provider or a skilled and willing parent.

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_**

**Person training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Skills:** | **Initial Demonstration** | **Return Demonstration** |
|  | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
| 1. Identify that symptoms of a severe allergic reaction are present and that based on the child’s severe allergic reaction emergency plan, medication needs to be given.
 |  |  |  |  |  |  |  |
| 1. Call for assistance. Ask that another school staff personnel call 911 or emergency medical services and notify parent. Remove other students from the area, as necessary.
 |  |  |  |  |  |  |  |
| 1. Gather needed supplies and place on a clean surface near the student.
 |  |  |  |  |  |  |  |
| 1. Quickly talk to the student and evaluate the situation. Prepare the student.
 |  |  |  |  |  |  |  |
| 1. Position student, providing as much privacy as possible. The injector can be given through clothing in most circumstances.
 |  |  |  |  |  |  |  |
| 1. Quickly review the medication administration form, the medical provider or district protocol/plan form, and the parent/guardian consent form, if available, as you review the “5 Rights” of medication administration.
 |  |  |  |  |  |  |  |
| 1. Check the epinephrine autoinjector and order to be sure it is:
 |  |  |  |  |  |  |  |
| * 1. For the right child
 |  |  |  |  |  |  |  |
| * 1. The right medication
 |  |  |  |  |  |  |  |
| * 1. The right dose, an approximation of the child’s weight may be needed, if using a stock epinephrine auto-injector
 |  |  |  |  |  |  |  |
| * 1. Being given at the right time and
 |  |  |  |  |  |  |  |
| * 1. Being given by the right route.
 |  |  |  |  |  |  |  |
| 1. Be sure to check the medication to ensure that it is not expired
 |  |  |  |  |  |  |  |
| 1. Wash your hands, if possible. In a true emergency situation, there may not be time to do this step.
 |  |  |  |  |  |  |  |
| 1. Put on gloves.
 |  |  |  |  |  |  |  |
| 1. Quickly review the Five Rights once again while checking the epinephrine auto-injector to be sure that it is:
 |  |  |  |  |  |  |  |
| * 1. For the right child
 |  |  |  |  |  |  |  |
| * 1. The right medication
 |  |  |  |  |  |  |  |
| * 1. The right dose (an approximation of the child’s weight may be needed)
 |  |  |  |  |  |  |  |
| * 1. Being given at the right time and
 |  |  |  |  |  |  |  |
| * 1. Being given by the right route.
 |  |  |  |  |  |  |  |
| 1. Remove the EpiPen auto-injector from the container.
 |  |  |  |  |  |  |  |
| 1. Remove the blue safety guard from the pen.
 |  |  |  |  |  |  |  |
| 1. Firmly press the orange tip against the student’s mid-outer thigh until click is felt, and then hold for 3 (three) seconds.
 |  |  |  |  |  |  |  |
| * 1. The pen can be given through clothing in most circumstances.
 |  |  |  |  |  |  |  |
| 1. Remove and massage the area for 10 seconds.
 |  |  |  |  |  |  |  |
| 1. Replace the pen back into its container and place it into an appropriate sharps container or hand to emergency medical responders.
 |  |  |  |  |  |  |  |
| 1. If alone with the student and you have not already called 911 or emergency medical services and notified parents, do so now.
 |  |  |  |  |  |  |  |
| 1. Monitor student’s pulse and respirations.
 |  |  |  |  |  |  |  |
| 1. Once the emergency medical responders arrive, inform them of the medication administered, including the type of medication, dose, and the time given.
 |  |  |  |  |  |  |  |
| 1. If not done already, dispose of the injector in an approved sharps disposal container or give to the emergency medical responders.
 |  |  |  |  |  |  |  |
| 1. Remove gloves and wash hands.
 |  |  |  |  |  |  |  |
| 1. Document medication administration in student’s medication administration log.
 |  |  |  |  |  |  |  |
| 1. Follow up with the parent or guardian and healthcare provider, as needed.
 |  |  |  |  |  |  |  |

**Plan for monitoring medication administration:**

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**School Nurse Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_