**Epinephrine Auto-Injector (EAI) Administration Documentation**

***Confidential (Send to School Nurse***)

Date\_\_\_\_\_\_\_\_\_ School Building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person receiving EAI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_ Age\_\_\_\_\_

Time incident began\_\_\_\_\_\_\_ Time EAI was given\_\_\_\_\_\_\_ Time second EAI given\_\_\_\_\_\_\_\_\_\_

□ EMS called (time) \_\_\_\_\_\_\_\_ □ EMS arrived (time) \_\_\_\_\_\_\_\_ □ EMS given information *(time of EAI administration(s), a copy of the emergency card and/or the student specific Anaphylaxis Action Plan)*

□ Parent/guardian notified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

□ Student had individual Anaphylaxis Action Plan on file for the current school year

□ EAI(s) used were supplied by the family as ordered

□ Student was known to have severe allergy but no EAIs were provided and stock EAI used

□ Family notified that EAIs need to be replaced

□ Student had no previously known severe allergy and stock EAI was used for suspected anaphylaxis

□ Person other than k-12 student was given stock EAI for suspected anaphylaxis

□ Stock EAIs were ordered for replacement

**Check possible trigger for anaphylaxis:**

**□ Food** *(Specific food if known or other relevant information, such as location of ingestion) -*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Stinging insect** *(Type if known, location on campus, other)-*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**□ Latex** *(source if known)-*

**□ Other** *(Circumstances surrounding reaction that might be relevant to cause of anaphylaxis)-*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Symptoms leading to administration of EAI:**

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**Other known health issues, such as asthma, eczema, allergies:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Symptoms if a second EAI was used:**

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**□ Information being kept for incident review and yearly report to the State of California**

**Person Filing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of above person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EPI-2014-0660 Updated August 2014

 Mylan Specialty will replenish your school’s supply of EpiPen or EpiPen Jr Auto-Injectors prior to your annual eligibility date and at no additional cost, provided that your school used the *EpiPen4Schools®* free product to treat a life-threatening allergic reaction (anaphylaxis) in your school.

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| --- |
| First, please complete all of the fields below. School Name/District Name:  |
| School Address:  |
| City/State/Zip:  |
| School Phone:  |
| School Contact Name:  |
| School Contact Email:  |
| What was the date of the anaphylactic event? MM/DD/YYYY  |
| Where did the anaphylactic event occur? • Class room • Cafeteria • Playground • Gym • Other \_\_\_\_\_\_\_\_\_\_\_\_  |
| What was the suspected cause of the anaphylactic event? • Food • Bee sting • Latex • Medication • Other \_\_\_\_\_\_\_\_\_\_\_\_  |
| Did the person who experienced anaphylaxis have a known life-threatening allergy? • Yes • No  |
| Was the person who experienced anaphylaxis a: • Student • Staff member • Visitor • Other  |
| Was an EpiPen or EpiPen Jr Auto-Injector administered to treat the anaphylactic event? • EpiPen Auto-Injector • EpiPen Jr Auto-Injector  |
| Was more than one EpiPen or EpiPen Jr Auto-Injector administered to treat the anaphylactic event? • Yes • No  |
| Who administered the EpiPen or EpiPen Jr Auto-Injector to the person experiencing anaphylaxis (please do not name people directly)? • School Nurse • Student • Staff member • Visitor  |
| Was 911 called? • Yes • No  |
| Did the person who experienced anaphylaxis receive emergency medical care? • Yes • No |