**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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**□ 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.

|  |
| --- |
| 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 |