



Report of Epinephrine Administration

Print Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student Demographics and Health History

1. School District: **MBSBD** Name of School: _____
2. Age: _____ Type of Person: Student Staff Visitor Gender: M F
3. History of allergy: Yes No Unknown If known, specify type of allergy: _____
- If yes, was an allergy action plan available? _____ History of anaphylaxis: Yes No Unknown
- Yes No Unknown Diagnosis/History of asthma: Yes No Unknown
- Previous epinephrine use: Yes No Unknown

School Plans and Medical Orders

4. Individual Health Care Plan (IHCP) in place? Yes No Unknown
5. Does the student have a student specific order for epinephrine? Yes No Unknown
6. Expiration date of epinephrine _____ Unknown

Epinephrine Administration Incident Reporting

7. Date/Time of occurrence: _____ Vital signs: BP _____/____ Temp _____ Pulse _____ Respiration _____
8. 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 _____
9. Did reaction begin prior to school? Yes No Unknown
10. Location where symptoms developed:
Classroom Cafeteria Health Office Playground Bus Other specify _____
- How did exposure occur? _____
12. Symptoms: (Check all that apply)
- | Respiratory | GI | Skin | Cardiac/Vascular | Other |
|--|--|---|---|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Abdominal discomfort | <input type="checkbox"/> Angioedema | <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Diaphoresis |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Flushing | <input type="checkbox"/> Cyanosis | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> General pruritus | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Nasal congestion/
rhinorrhea | <input type="checkbox"/> Oral Pruritus | <input type="checkbox"/> General rash | <input type="checkbox"/> Faint/Weak pulse | <input type="checkbox"/> Metallic taste |
| <input type="checkbox"/> Swollen (throat, tongue) | <input type="checkbox"/> Nausea | <input type="checkbox"/> Hives | <input type="checkbox"/> Headache | <input type="checkbox"/> Red eyes |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Lip swelling | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Stridor | | <input type="checkbox"/> Localized rash | <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Uterine cramping |
| <input type="checkbox"/> Tightness (chest, throat) | | <input type="checkbox"/> Pale | | |
| <input type="checkbox"/> Wheezing | | | | |
13. Location where epinephrine administered: Health Office Other specify _____
14. Location of epinephrine storage: Health Office Other specify _____
15. 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 No If known, date of training _____



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

If epinephrine was administered by other, please specify _____

Was this person formally trained? Yes Date of training _____ No Don't know

16. Time elapsed between onset of symptoms and communication of symptoms: _____ minutes

17. Time elapsed between communication of symptoms and administration of epinephrine: _____ minutes
Parent notified of epinephrine administration: (time) _____

18. Was a second epi-pen dose required? Yes No Unknown

If yes, was that dose administered at the school prior to the arrival of EMS? Yes No Unknown

Approximate time between the first and second dose _____ Biphasic reaction: Yes No Don't know

Disposition

19. EMS notified at: (time) _____

Transferred to ER: Yes No Unknown

If yes, transferred via ambulance Parent/Guardian Other Discharged after _____ hours

Parent: At school Will come to school Will meet student at hospital Other: _____

20. Hospitalized: Yes If yes, discharged after _____ days No Name of hospital: _____

21. Student/Staff/Visitor outcome: _____

If first occurrence of allergic reaction:

a. Was the individual prescribed an Epi Pen in the ER? Yes No Don't know

b. If yes, who provided Epi Pen training? ER PCP School Nurse Other _____ Don't know

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes No Don't know

School Follow-up

22. Did a debriefing meeting occur? Yes No Did family notify prescribing MD? Yes No Unknown

23. Recommendation for changes: Policy change Educational change Information sharing None

24. Protocol change

24. Comments (include names of school staff, parent, others who attend debriefing):

25. Form completed by: _____ Date: _____

(please print) Name: _____

Phone number: _____ Ext.: _____

Email : _____ School District: **Matanuska-Susitna Borough School District**

School address: _____