**Procedure: How to Administer an EpiPen*®***

* **Identify someone to call 9-1-1.
* Flip open cap at top of carrier tube.
* Remove EpiPen® from carrier tube and

remove the blue safety release. 

* Form a fist around the unit with the orange tip pointing downward.
* Swing and **firmly push** orange tip against outer thigh until click is heard.

(Auto-injector may be given through clothing.)



* **Hold in place for 10 seconds**. The injection is now complete.
* Remove pen from thigh and massage injection site for 10 seconds.
* Place used auto-injector into carrier tube and give to EMS when they arrive.
* Document administration of EpiPen® in Medication Request Form/Record-Log.

**Auvi Q® is a new type of automatic epinephrine injection system. Administration is basically the same. The shape is different and there are battery operated voice prompts to walk the administrator through the steps of administration.**

Note: Always refer to the package insert for additional information on administration.

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer epinephrine injections as outlined above

during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

Click or tap here to enter text.

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***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in

administration of epinephrine.

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***Registered Nurse signature Date***

**EPINEPHRINE AUTOINJECTOR TRAINING RESOURCES**

Manufacturer specific training videos and resources. The school nurse or parent may find additional product-specific resources by searching for manufacturers in a web browser search engine such as Bing or Google. This requires attention to reliable sources of information.

Auvi-Q [AUVI-Q® (epinephrine injection, USP) Public Access Resources](https://www.auvi-q.com/public-access/auvi-q-training-resources)

https://www.auvi-q.com/public-access/auvi-q-training-resources

EpiPen Training Video (epipen4schools.com) https://www.epipen4schools.com/Members/Training/

Authorized generic EpiPen – same video as above

Lineage Impax epinephrine autoinjector<http://epinephrineautoinject.com/epinephrine-side-effects/how-to-use/>

|  |  |  |  |
| --- | --- | --- | --- |
| **EpiPen**®  **Skills Checklist** |  | | |
| Locate student’s Emergency Care Plan (ECP) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Locate student’s epinephrine auto injector (as noted on ECP). | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Review signs and symptoms of life-threatening anaphylaxis/allergic reaction and criteria for administration of epinephrine auto injector on ECP. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| If administration of epinephrine auto injector is indicated, direct another adult to implement school emergency procedures\* (including calling EMS) or send two students to office for assistance at site. (\*Review district/school plan). | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Follow the **Six “Rights:**”   1. Right **student**—ask student’s full name and compare with epinephrine auto injector label. 2. Right **drug**—check epinephrine auto injector label for correct student. 3. Right **amount**—check both ECP directions and epinephrine auto injector label. 4. Right **time**—review criteria in ECP. 5. Right **method** of administration—follow procedure in ECP. 6. Right **documentation** of administration. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Perform injection procedure. When using EpiPen® :   1. Pull off gray safety cap. 2. Place black tip on upper outer thigh. 3. Using a quick motion press hard into upper outer thigh. 4. Hold in place and count to 10. 5. Remove EpiPen® and hold safely away from student and staff. 6. Massage the injection area for 10 seconds. 7. Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use, then screw the cap of the storage tube back on completely and send with student to ER. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Reassure and calm student. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Record time epinephrine auto injector was given on the ECP; initial, and send a copy of ECP with ambulance. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Continue to observe student for breathing difficulties or further deterioration of consciousness and breathing. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Repeat epinephrine auto injector if indicated by student condition per instructions on the student’s ECP. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Administer CPR if no signs of life, i.e., no breathing, gagging, coughing, or chest movement. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer epinephrine as outlined above during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

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

***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of epinephrine via auto-injector.

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***Registered Nurse signature Date***