

Haywood County Schools

Report of Epinephrine Administration

Student Demographics and Health History

1. 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 allergy action plan in place Yes ☐ No ☐ Unknown ☐ History of anaphylaxis: Yes ☐ No ☐ Unknown ☐
- Previous epinephrine use: Yes ☐ No ☐ Unknown ☐ Diagnosis/History of asthma: Yes ☐ No ☐ Unknown ☐

School Plans and Medical Orders

4. Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ Unknown ☐
5. Written school policy on management of life-threatening allergies in place? Yes ☐ No ☐ Unknown ☐
6. Does the student have a student specific order for epinephrine? Yes ☐ No ☐ Unknown ☐
7. Expiration date of epinephrine _____ Unknown ☐

Epinephrine Administration Incident Reporting

8. Date/Time of occurrence: _____ Vital signs: BP ____/____ Temp _____ Pulse _____ Respiration _____
9. 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 _____
10. Did reaction begin prior to school? Yes ☐ No ☐ Unknown ☐
11. Location where symptoms developed:
- Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify _____
12. How did exposure occur?
- _____
13. Symptoms: (Check all that apply)
- | <u>Respiratory</u> | <u>GI</u> | <u>Skin</u> | <u>Cardiac/Vascular</u> | <u>Other</u> |
|--|--|---|---|--|
| <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 pruritis | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Nasal congestion/rhinorrhea | <input type="checkbox"/> Oral Pruritis | <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 | | | | |
14. Location where epinephrine administered: Health Office ☐ Other ☐ specify _____

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15. Location of epinephrine storage: Office ☐ Other ☐ specify _____

16. 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 ☐ If known, date of training _____ No ☐

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 ☐

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

18. Time elapsed between communication of symptoms and administration of epinephrine: _____ minutes

Parent notified of epinephrine administration: (time) _____

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

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

Approximate time between the first and second dose _____

Biphasic reaction: Yes ☐ No ☐ Don't know ☐

Disposition

20. 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: _____

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

22. Student/Staff/Visitor outcome: _____

School Follow-up

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

24. Recommendation for changes: Protocol change ☐ Policy change ☐ Educational change ☐ Information sharing ☐ None ☐

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

Completed by: _____ Date: _____

Title: _____ Phone number: (_____) _____ - _____ Ext.: _____

Email : _____

School: _____

School address: _____