School Health Unit
Massachusetts Department of Public Health

Report of Epinephrine Administration (2010-2011)

Please mail 2 page form to: MDPH, School Health Unit, 250 Washington St., 5th Floor, Boston, MA 02108-4619 or (Fax 617.624.6062)

1 School District: __________________________ Name of School: __________________________

2 Age: _____  Type of Person: Student ☐ Staff ☐ Visitor ☐  Gender: M ☐ F ☐ Ethnicity: Spanish/Hispanic/Latino: Yes ☐ No ☐

3 Race: American Indian/Alaskan Native ☐ African American ☐ Asian ☐ Native Hawaiian/other Pacific Islander ☐ White ☐ Other ☐

4 History of allergy: Yes ☐ No ☐ Unknown ☐  If known, specify type of allergy: __________________________

If yes, was allergy action plan available?  Yes ☐ No ☐ Don’t Know ☐  History of anaphylaxis: Yes ☐ No ☐ Unknown ☐

Previous epinephrine use:   Yes ☐ No ☐ Don’t Know ☐  Diagnosis/History of asthma: Yes ☐ No ☐ Don’t Know ☐

5 Date/Time of occurrence: _________________________ Vital signs: BP _____/_____ Temp _____ Pulse _______ Respiration _______

6 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 ☐

7. Did reaction begin prior to school?  Yes ☐ No ☐ Don’t Know ☐

8. Location where symptoms developed:

Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐

9. How did exposure occur?

________________________________________________________________________________________________________________________

10. Symptoms: (Check all that apply)

Respiratory
☐ Cough
☐ Difficulty breathing
☐ Hoarse voice
☐ Nasal congestion/rhinorrhea
☐ Swollen (throat, tongue)
☐ Shortness of Breath
☐ Stridor
☐ Tightness (chest, throat)
☐ Wheezing

GI
☐ Abdominal discomfort
☐ Diarrhea
☐ Difficulty swallowing
☐ Oral Pruritis
☐ Nausea
☐ Vomiting

Skin
☐ Angioedema
☐ Flushing
☐ General pruritis
☐ General rash
☐ Hives
☐ Lip swelling
☐ Localized rash
☐ Pale

Cardiac/Vascular
☐ Chest discomfort
☐ Flushing
☐ General pruritis
☐ General rash
☐ Hives
☐ Lip swelling
☐ Localized rash
☐ Pale

Other
☐ Diaphoresis
☐ Irritability
☐ Loss of consciousness
☐ Metallic taste
☐ Red eyes
☐ Sneezing
☐ Uterine cramping

11 Location where epinephrine administered: Health Office ☐ Other ☐

12 Location of epinephrine storage:    Health Office ☐ Other ☐

13 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 ☐

Expiration date of epinephrine _____________________ Don’t Know ☐
14 Time elapsed between onset of symptoms and communication of symptoms: ______________________________ minutes

15 Time elapsed between communication of symptoms and administration of epinephrine: __________________________ minutes

16 Individual Health Care Plan (IHCP) in place?  Yes ☐ No ☐ Don’t know ☐

17 Written school district policy on management of life-threatening allergies in place?  Yes ☐ No ☐ Don’t know ☐

18 School district/school registered with MDPH for epinephrine training?  Yes ☐ No ☐ Don’t know ☐

<table>
<thead>
<tr>
<th>Disposition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Transferred to ER:  Yes ☐ No ☐ Don’t know ☐</td>
</tr>
<tr>
<td>If yes, transferred via ambulance ☐  Parent/Guardian ☐  Other ☐  Discharged after ______ hours</td>
</tr>
<tr>
<td>Was a second epi-pen dose required?  Yes ☐ No ☐ Don’t know ☐</td>
</tr>
<tr>
<td>If yes, was that dose administered at the school prior to arrival of EMS?  Yes ☐ No ☐ Don’t know ☐</td>
</tr>
<tr>
<td>Approximate time between the first and second dose  _______________________________</td>
</tr>
<tr>
<td>Biphasic reaction:  Yes ☐ No ☐ Don’t know ☐</td>
</tr>
<tr>
<td>20 Hospitalized:  Yes ☐ If yes, discharged after ________ days  No ☐</td>
</tr>
</tbody>
</table>

21 Student/Staff/Visitor outcome: ____________________________________________________________________________________________

22 Did a debriefing meeting occur?  Yes ☐ No ☐ Did family notify prescribing MD?  Yes ☐ No ☐ Don’t know ☐

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

24 Comments: _______________________________________________________________________________________________________________________

25 Form completed by:___________________________________________________________     Date:___________________________________

(please print)

Title:___________________________________________________

Phone number: (_______) ________ - ____________ Ext.:  _________  Email :  ___________________________________________________

School District: ________________________________________________________________________________________________________

School address: _______________________________________________________________________________________________________

Rev 9/15/10  

Please complete pages one and two.