North Boone CUSD #200

Report of Epinephrine Administration

Student Demographics and Health History

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 severe or life-threatening allergy: Yes, Known by student/family ☐ Yes, Known by school ☐ Unknown ☐
   If known, specify type of allergy: ______________________

   If yes, was allergy action plan available at school? Yes ☐ No ☐ Unknown ☐
   History of anaphylaxis: Yes, Known by student/family ☐ Yes, Known by school ☐ Unknown ☐
   Previous epinephrine use: Yes, by student/family ☐ Yes, at school ☐ No ☐ Unknown ☐
   Diagnosis/History of asthma: Yes, Known by student/family ☐ Yes, known by school No ☐ Unknown ☐

School Plans and Medical Orders

5. Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ Unknown ☐

6. Written school district policy on management of life-threatening allergies in place? Yes ☐ No ☐ Unknown ☐

7. Does the student have a student specific order for epinephrine? Yes ☐ No ☐ Unknown ☐

8. Expiration date of epinephrine ______________ Unknown ☐

Epinephrine Administration Incident Reporting

9. Date/Time of occurrence: ______________Vital signs: BP_____/____ Temp ______ Pulse __________ Respiration _________

10. 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 ______________________

11. Did reaction begin prior to school? Yes ☐ No ☐ Unknown ☐

12. Location where symptoms developed:
    Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify ______________________

13. How did exposure occur?

____

____

14. Symptoms: (Check all that apply)

Respiratory	GI	Skin	Cardiac/Vascular	Other
☐ Cough	☐ Abdominal discomfort	☐ Angioedema	☐ Chest discomfort	☐ Diaphoresis
☐ Difficulty breathing	☐ Diarrhea	☐ Flushing	☐ Cyanosis	☐ Irritability
☐ Hoarse voice	☐ Difficulty swallowing	☐ General pruritis	☐ Dizziness	☐ Loss of consciousness
☐ Nasal congestion/rhinorrhea	☐ Oral Pruritis	☐ General rash	☐ Faint/Weak pulse	☐ Metallic taste
☐ Swollen (throat, tongue)	☐ Nausea	☐ Hives	☐ Headache	☐ Red eyes
☐ Shortness of Breath	☐ Vomiting	☐ Lip swelling	☐ Hypotension	☐ Sneezing
☐ Stridor		☐ Localized rash	☐ Tachycardia	☐ Uterine cramping
☐ Tightness (chest, throat)		☐ Pale		
☐ Wheezing				

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15. Location where epinephrine administered: Health Office ☐ Other ☐ specify ______________________________

16. Location of epinephrine storage: Health Office ☐ Other ☐ specify ______________________________

17. 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 ☐

18. Time elapsed between onset of symptoms and communication of symptoms: ______________________ minutes

19. Time elapsed between communication of symptoms and administration of epinephrine: ______________________ minutes

Parent notified of epinephrine administration: (time) ______________

20. Was a second dose of epinephrine 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 ☐ Unknown ☐

Disposition

21. 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: ______________________

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

23. Student/Staff/Visitor outcome: ____

If first occurrence of allergic reaction:

a. Was the individual prescribed an epinephrine autoinjector in the ER? Yes ☐ No ☐ Don't know ☐

b. If yes, who provided the epinephrine autoinjector 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

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

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

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

____

____

____

27. Form completed by:_______________________________________ Date:____________________
(please print)

Title:______________________________

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

School District: ____

School address: ____

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