

School Health Unit  
Massachusetts Department of Public Health

Report of EpiPen® Administration

Please mail form to:

Janet Burke

MDPH

School Health Unit

250 Washington St., 5<sup>th</sup> Floor

Boston, MA 02108-4619

School District: \_\_\_\_\_ Date/Time of occurrence: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Age of student: \_\_\_\_\_ Gender: M F Diagnosis/history of Asthma: (Please circle response) Yes No

Known allergen(s): \_\_\_\_\_

Trigger that precipitate this allergic episode: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Location of student when symptoms developed: \_\_\_\_\_

Location of student when EpiPen® administered: \_\_\_\_\_

Location of EpiPen® storage: \_\_\_\_\_

EpiPen® administered by: (Please circle response) RN Other If other, please specify \_\_\_\_\_

If other than an RN, was this person formally trained? (Please circle response) Yes No Date of training \_\_\_/\_\_\_/\_\_\_

If EpiPen® was self-administered by a student at school or a school-sponsored function, did the student follow school protocols to notify school personnel and activate EMS? (Please circle response) Yes No NA

Approximate time between onset of symptoms and administration of EpiPen®: \_\_\_\_\_

Individual Health Care Plan (IHCP) in place? (Please circle response) Yes No

Written school district policy on management of life-threatening allergies in place? (Please circle response) Yes No

School building emergency response team activated? (Please circle response) Yes No NA

Emergency Medical System:

Epinephrine available: (Please circle response) Yes No

Other emergency measures performed: \_\_\_\_\_

Disposition:

Transferred to ER

Discharged after \_\_\_\_\_ hours.

Hospitalized

Discharged after \_\_\_\_\_ days.

Other:

Recommendations for changes/improvement to current policy or procedures:

Form completed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Revised February 7, 2005

Adopted January 10, 2005

Granby Public Schools – 2004

