

Report of Stock Epinephrine Administration

Please email or mail form to: Iowa Department of Education School Nurse Consultant

Email: melissa.walker@iowa.gov

Mail: School Nurse Consultant, 400 East 14th Street, Des Moines, Iowa 50319-0146

1. School District: _____ Name of School: _____
2. Age: _____ Type of Person: Student Staff Visitor Gender: M F
3. Diagnosis/history of asthma: Yes No Diagnosis/history of anaphylaxis: Yes No
4. Date/Time of occurrence: _____ Known allergen(s): _____
5. Trigger that precipitated the allergic episode: _____
6. Symptoms: _____
7. Location of student when symptoms developed: Classroom Cafeteria Health Office Playground
Other - specify: _____
8. Location of student when epinephrine administered: Health Office Other -specify _____
9. Location of epinephrine storage: Health Office Other -specify +: _____
10. Epinephrine administered by: School Nurse (RN) Other
If other, please specify _____
Was the person formally trained? Yes No Date of training _____
11. If epinephrine was self-administered by a student at school or a school-sponsored function, did the student follow school protocols and was EMS activated? Yes No NA
12. Approximate time between onset of symptoms and administration of epinephrine: _____ minutes
13. Individual Health or Emergency Plan in place for the student, if there was a diagnosis of anaphylaxis? Yes No
If yes, was the student's healthcare provider notified? Yes No
If yes, was there a prescription for an epinephrine injector available at the school: Yes _____ No _____
If yes, please explain the reason for not administering the student's prescribed medication:

14. Is there a district protocol for management of life-threatening allergies in place? Yes No

Student or Individual Disposition:

15. Transferred to ER: Yes No Biphasic reaction (was a second dose administered): Yes No Unknown
16. Hospitalized: Yes No
17. Student/Staff/Visitor Outcome: _____
18. Did a debriefing meeting occur? Yes No Medication Error Occur: Yes ___ No ___ Medication Incident Occur: Yes ___ No ___
19. Recommendation for changes: Protocol change Policy change Educational change Information sharing None
20. Comments: _____

21. Form completed by: _____ Date: _____
(please print)
22. Title: _____ Phone number: (_____) _____ - _____ Ext.: _____
23. School address: _____
24. Email address: _____ Fax number: (_____) _____ - _____