

Chandler Unified School District #80  
EpiPen Injection Skills Checklist

| Trainee Name:  | School:                          |              |              |
|--|----------------------------------|--------------|--------------|
| Trainer Name:  | Year:                            |              |              |
|  | Random Skills Check              |              |              |
| Explanation/Demonstration  | Performed Skill:<br>Initial/Date | Initial/Date | Initial/Date |
| 1. Identify symptoms of Anaphylaxis  |                                  |              |              |
| 2. Direct teacher/adult to call 9-1-1. <b>If you are by yourself, administer EpiPen first, then call 9-1-1</b>   |                                  |              |              |
| 3. Activated EpiPen trainer by removing the blue safety cap  |                                  |              |              |
| 4. Hold the EpiPen trainer with orange tip at a 90-degree angle against the outer thigh  |                                  |              |              |
| 5. Press the EpiPen trainer hard into the outer thigh until it clicks. Hold on thigh for approximately 3 seconds. (Verbalize that the window on the auto-injector will show RED) |                                  |              |              |
| 6. Remove EpiPen trainer from thigh position and massage area for 10 seconds   |                                  |              |              |
| 7. Verbalize that the used auto-injector unit is to be sent with the student to the Emergency Room   |                                  |              |              |
|  |                                  |              |              |
| Performed Tasks Appropriately (Yes or No, If No further evaluation required):  |                                  |              |              |

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

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|-------------------|------|
| Trainee Signature | Date |
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|-------------------|------|
| Trainer Signature | Date |
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