

# Skills Checklist for Giving EpiPen® Brand epinephrine auto-injector – Read manufacturer’s instructions for all other brands

- \_\_\_\_\_ 1. Get the auto-injector from where it is kept.
- \_\_\_\_\_ 2. Put on gloves if available.
- \_\_\_\_\_ 3. Remove auto-injector from carrier tube by tipping tube to side and sliding auto-injector out.
- \_\_\_\_\_ 4. Hold auto-injector with orange end pointing down while you pull off the blue safety release with the other hand. (Blue to the sky, orange to the thigh). (#1 on picture)
- \_\_\_\_\_ 5. Place orange tip against the upper outer thigh at a right angle.
- \_\_\_\_\_ 6. Swing arm out then swing back toward upper outer thigh and push the orange tip of the auto-injector firmly into thigh until it “clicks.” (#2 on picture)
- \_\_\_\_\_ 7. The click means the injection has started. Continue to hold the EAI firmly against the thigh. Count S L O W L Y to 3. (“1-1000,” “2-1000,” “3-1000.”) The injection is now complete.
- \_\_\_\_\_ 8. Remove auto-injector from thigh. The orange tip will extend to cover the needle. If the needle is visible, DO NOT attempt to reuse it.
- \_\_\_\_\_ 9. Massage the injection area for 10 seconds.
- \_\_\_\_\_ 10. Note the time the injection was done.
- \_\_\_\_\_ 11. Call 911. (#3 on picture)
- \_\_\_\_\_ 12. Stay with the person and watch the time.
- \_\_\_\_\_ 13. Give a second auto-injection if symptoms have not gone away at 5 minutes after the first injection was done.



Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

**Comments:**

# Individual Specific Training form for Epinephrine Auto-Injector

Individual's Name: \_\_\_\_\_

Person's allergies: \_\_\_\_\_

**\*Brand of epinephrine auto-injector** \_\_\_\_\_

**Review of manufacturer's instructions for this brand of auto-injector.**

Person's known symptoms of allergic reactions

\_\_\_\_\_  
\_\_\_\_\_

Location of auto-injector at home: \_\_\_\_\_

at work: \_\_\_\_\_

other: \_\_\_\_\_

Checks to be done every time staff or setting changes:

- ✓ Expiration date
- ✓ Where checks are to be documented
- ✓ Color of fluid
- ✓ EAI properly stored

Who to contact after epinephrine auto-injector has been administered: \_\_\_\_\_

How to get a replacement for an expired or used epinephrine auto-injector or if the liquid in the window is pink, brown or cloudy or not visible:

\_\_\_\_\_  
\_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

## Epinephrine Auto-Injector: Checklist for Training

**All content must be TAUGHT; do not give to students to just read**

<b>Content Covered</b>	<div style="text-align: right; font-size: small;">✓</div> Discussed
1. Staff will receive annual training on use of the auto-injector	
2. Goals and objectives p. 1	
3. Terminology p. 3	
4. Why people have a prescription for an epinephrine auto-injector p. 4	
5. The signs of anaphylaxis p. 4	
6. Why an auto-injector would be used p. 4	
7. When an auto-injector would be used p. 4	
8. Important information to remember <b>BEFORE</b> using an EAI p. 5	
9. Steps to follow when giving an auto-injection p. 6	
10. Important information to remember <b>WHEN</b> using an auto-injector p. 7	
11. Important information to remember <b>AFTER</b> using an auto-injector p. 8	
12. Risks and side effects associated with auto-injector use p. 8	
13. Staff responsibility if person self-administers their own auto-injector p. 9	
14. Staff responsibility when staff administers an auto-injector to the individual p. 9	
15. Requirement for Individual Specific Training (IST) prior to use of an epinephrine auto-injector p. 5	
<p style="color: red; margin: 0;"><b>This training on the use of an EAI does NOT qualify uncertified staff to administer medications. Staff MUST have the DODD Medication Administration Certification 1 before being allowed to administer medications.</b></p>	

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

**Comments:**