

**NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services**

**Notice of Intent to Possess and Use  
Epinephrine Auto Injector**

Name of Entity	Agency Code #	Business Phone ( ) -
Mailing Address		Fax No. ( ) -
City :	State:	
Zip:		
Primary County of Operation:		

Type:	Ambulance Service	ALSFR Service	Overnight Camp	Summer Day Camp
	Traveling Summer Day Camp	Other _____		

If a camp check all that apply:	Camp Premises or Infirmary	Off-Site Trips/Events
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Name of Emergency Health Care Provider (MD or Hospital)	Business Phone No. ( ) -
If a Hospital Provide Name of Contact:	Fax No. ( ) -
Address	
City:	State:      Zip:

Number of Trained Providers to Use Auto Injector in EMS service or camp:
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Minimum Number of Injectors to be Maintained On-Site: _____
Maximum Number of Injectors to be Maintained On-Site: _____

**Authorizations:**

Print Name of Service CEO or Camp Director	Date	Print EHC Provider (name)	Date
Signature		Signature	

Send this form and your Collaborative Agreement to the Regional EMS Council listed in the attachment.



If **either** the cardiac or respiratory status of the patient is abnormal we will proceed as follows:

1. If the patient is having severe respiratory distress **or** shock **and** has been prescribed an epi-pen auto-injector, we will assist the patient in administering the epinephrine. If the patient's auto-injector is not available or has expired, \_\_\_\_\_ trained personnel will administer our agency's epi-pen auto-injector. We will administer the epinephrine as authorized by DOH Policy Statement (00 –01) and our agency's Service Medical Director.
2. If the patient has not been prescribed an epi-pen auto-injector, we will contact medical control for authorization to administer the epinephrine and begin transport to nearest ALS/hospital which ever is closer.
3. In the event that we are unable to make contact with medical control (radio failure, no communications) and the patient is **under 35 years of age**, we may administer the epi-pen auto –injector as indicated. The incident will be reported to Medical Control and/or our Agency Medical Director as soon as possible.
4. The adult dose for epinephrine is 0.3 mg or the adult epi-pen. The pediatric dose for the epinephrine is 0.01 mg/kg, up to 0.3 mg. For the patient **under 9 years of age or weighing less than 30 kg (66 lbs.)** the pediatric epi-pen (0.15mg) should be used.
5. The used Epi- pen auto-injectors will be disposed of in the proper biohazard container in the ambulance.
6. Any exposure will be reported to the Infection Control Officer or DO.
7. If cardiac arrest occurs, we will perform CPR/AED according to AHA and Regional REMAC standards.
8. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR). We will also submit use of data to the Regional Emergency Medical Council.

Purchase and/or acquisition of epi-pens:

- Our epi-pen will be purchased as needed through Moore Medical or similar vender, by authorized ambulance service personnel.

Storage of epi-pen:

- Our epi-pens will be stored in the locked cabinet in \_\_\_\_\_.

Accounting:

- At this time there will be \_\_\_\_\_ adult epi pens and \_\_\_\_\_ child epi- pens.

Disposal:

- All used epi-pens will be disposed of in the proper biohazard container on-board the ambulance.

Ambulance Service  
Epi-Pen Use Documentation Sheet

Date: \_\_\_\_\_ PCR# (s) \_\_\_\_\_

Patient's sex (circle one): Male                  Female

Patient's age: \_\_\_\_\_

Patient with prior history? (Circle one):    Yes    No

Patient's status (Circle one):    High priority (life threatening)

Low priority (no compromise)

Patient transported (circle one):            Yes    No

ALS with patient or interface (circle one):    Yes    No

Patient Out come (circle one):    Improved    No Change    Worsened

PCR completed (circle one):    Yes    No

Complete data sheet and send copy to:

\_\_\_\_\_ EHCP  
\_\_\_\_\_ Address  
\_\_\_\_\_ Town, State, ZIP

&

North Country Regional EMS Council  
c/o NCEMS Program Agency  
SUNY Canton  
34 Cornell Drive  
Canton, NY 13617

## **Training and Education for use of the Epi Pen**

Mandatory Training shall be done for all EMT-B's and above prior to their administration of Epi to a patient. Training will be completed, in-house using the training course approved of by the Commissioner of Health. An anaphylaxis training videotape and epi-pen trainer will be used in part of this training. The following is a condensed version of the training plan applied.

Anaphylaxis can be a potentially life threatening situation most often associated with history of exposure to an inciting agent/allergen (bee stings or other insect venom, medications/drugs, or foods such as peanuts, seafood, etc.) *and* physical reactions ranging from mild skin rashes to catastrophic multi-system failure and/or death. The presence of respiratory distress (upper airway obstruction, lower airways disease/severe broncospasms) *and/or* cardiovascular collapse/hypotensive shock characterized the clinical findings that authorize and require treatment according to this protocol.

1. We have discussed the difference between allergic reaction and severe allergic reaction (anaphylaxis)
2. Anaphylaxis Definition - an exaggerated immune response to any substance caused by:
  - A. Insect bites/bee stings
  - B. Foods - e.g. nuts, seafoods, dairy products
  - C. Plants
  - D. Medications
  - E. Others
3. Assessment findings may include:
  - A. Skin
    1. Itching
    2. Hives
    3. Flushed skin
    4. Swelling to the face, neck, hands, feet, and/or tongue
    5. Warm tingling feeling to the face
  - B. Respiratory System
    1. Tightness in patient's throat/chest
    2. Coughing
    3. Rapid breathing
    4. Labored breathing
    5. Noisy breathing (stridor, wheezing)
    6. Hoarseness
  - C. Cardiac
    1. Increased heart rate
    2. Decreased blood pressure
  - D. Generalized findings

1. Itchy, watery eyes
  2. Headache
  3. Sense of impending doom
  4. Runny nose
- E. Decreased mental status
- F. Assessment findings that reveal shock (hypoperfusion) or respiratory distress indicate the presence of a severe allergic reaction.
4. Relationship to Airway Management
- A. These patients may initially present with airway/respiratory compromise or airway/respiratory compromise may develop as the allergic reaction progresses.
  - B. The airway should be managed according to New Your State Basic Life Support Protocols.
5. Medications
- A. Epinephrine auto-injectors
    1. Medication name
      - a. Generic - Epinephrine
      - b. Trade - Adrenaline
    2. Indications - must meet the following three criteria
      - a. Emergency medical care for the treatment of the patient exhibiting the assessment findings of a severe allergic reaction (anaphylaxis)
      - b. If the medication has been prescribed for this patient by their physician, you are directed to administer the medication if indicated.
      - c. Administration of medication is authorized by the Regional Medical Advisory Committee (REMAC) or a physician (Agency Medical Director/EHCP-Emergency Health Care Provider)
    3. Contraindications - no contraindications when used in the life-threatening situation involving an anaphylactic reaction with respiratory distress and/or shock
    4. Medication form - liquid administration via an automatically injectible needle and syringe.
    5. Dosage
      - a. Adult - one adult epi-pen (0.3mg)
      - b. Infant and child - under 9 years old or less than 30 kg (66 lbs.) one infant/child epi-pen (0.15mg)
    6. Administration
      - a. Obtain order from medical direction either on-line or by protocol.
      - b. Obtain patient's prescribed epi-pen if available
        1. Ensure that the prescription is written for the patient experiencing the severe allergic reaction
        2. Ensure that the medication is not discolored

3. Ensure the medication has not expired
  - c. Remove the safety cap from auto-injector
  - d. Place tip of auto-injector against the patient's thigh
    1. Lateral portion of the thigh
    2. Midway between the waist and the knee
  - e. Push the injector firmly against the thigh until the injector activates
  - f. Hold the injector in place until the medication is injected approximately (10 seconds)
  - g. Record activity and time
  - h. Dispose of injector in a biohazard container
7. Actions
    - a. Dilates the bronchioles
    - b. Constricts the blood vessels
  8. Side effects
    - a. Increases heart rate
    - b. Pallor
    - c. Dizziness
    - d. Chest pain/sudden death
    - e. Headache
    - f. Nausea and/or vomiting
    - g. Excitability, anxiousness
  9. Re-assessment strategies
    - a. Transport
    - b. Continue focused assessment of airway, breathing and circulatory status
      1. Patient condition continues to worsen
        - a. Decreasing mental status
        - b. Increasing breathing difficulty
        - c. Decreasing blood pressure
        - d. Obtain medical direction
        - e. Prepare to initiate Basic Cardiac Life Support measures
          - CPR
          - AED
          - ACLS intercept
      2. Provide supportive care.
        - a. Oxygen
        - b. Treat for shock (hypoperfusion)
  10. Complete the Pre-hospital Care Report  
Complete the Data Use Sheet
  11. Report to \_\_\_\_\_ to re-supply

Herein completes the Collaborative Agreement between \_\_\_\_\_ Ambulance Service and \_\_\_\_\_, EHCP.

Signed: \_\_\_\_\_  
EHCP

Signed: \_\_\_\_\_  
Officer in charge

Dated: \_\_\_\_\_