



North Country Emergency Medical Service Program Agency
 "Serving Jefferson, Lewis & St. Lawrence Counties"

North Country REMAC CQI Screen

Epi-Pen

Date	
PCR Number	
Agency/code	
EMT's DOH Number	
Age and Sex of the Patient	
Chief Complaint	
What was the allergic reaction to	
History of allergic reaction	Yes No
Method of delivery, site of delivery	
Time Given	_____ : _____
Any complaint of SOB	Yes No
Was the Pt hypotensive?	Yes No
Other signs and symptoms present at time of administration?	
Med control Contacted and time	Med Control: Time:
ALS Requested and Agency	Yes No Agency:
COMMENTS if any (relief of itching, med control, etc)	

Screen Completed by _____ EMT ID _____

This CQI screen should be completed for every administration of a Epinephrine Pen by Basic and Intermediate EMT'S. This must be submitted to the NCEMS Program Agency with your yellow copy PCR's by the 15th of the following month.