

**"Agency Name"      Check and Inject EPI QI**

Date: \_\_\_\_\_

PCR #: \_\_\_\_\_

**Patient Complaint:**       Bee/Insect sting       Medication Reaction       Food Allergy       Other \_\_\_\_\_

**Patient Age:** \_\_\_\_\_      **Weight:** \_\_\_\_\_      **Severity of Reaction:** \_\_\_\_\_

**Signs/Symptoms:** \_\_\_\_\_

**Initial Vital Signs**

**Blood Pressure:** \_\_\_\_\_ / \_\_\_\_\_      **Heart Rate:** \_\_\_\_\_      **SpO2:** \_\_\_\_\_      **Resp:** \_\_\_\_\_      **Skin Condition:** \_\_\_\_\_

**Medical Command Contacted:**       Yes       No      **Medical Command Physician:** \_\_\_\_\_

**Contact Made:**       Pre Administration       Post Administration      **Time:** \_\_\_\_\_

**\*\*Medical Command Must Be Notified\*\***

**Epinephrine Dose:**       0.15 mg.       0.3 mg.      **Site Administered:** \_\_\_\_\_

**Patient Status:**       Improved       Deteriorated       Unchanged

**\*\*Below Required for all Epi Administrations\*\***

**Patient reassessed post administration:**       Yes       No

**Oxygen Administration:**       Yes       No      **Route:**       Nasal Cannula       Non-Rebreather      **LPM:** \_\_\_\_\_

**Patient Transported:**       Yes       No      **Emergency Dept:** \_\_\_\_\_

**Allergies Documented:**       Yes       No

**Administered By:** \_\_\_\_\_      **Signature:** \_\_\_\_\_

**Administrative Use Only**

**Protocol Followed:**       Yes       No

**QA/QI Review:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Medical Director:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_