NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SKILL PERFORMANCE EVALUATION**

**MEDICATION ADMINISTRATION**

**EPINEPHRINE AUTO-INJECTOR**

**PERFORMANCE OBJECTIVES**

Demonstrate proficiency in recognizing the indications, contraindications, criteria, and ~~assist~~ ~~the patient with the administration~~ and administer ~~of prescribed~~ epinephrine using an auto-injector.

**EQUIPMENT**

Simulated patient, oxygen tank with a flow meter, oxygen mask, blood pressure cuff, stethoscope, PCR forms, placebo epinephrine in an auto-injector device or auto-injector trainer, biohazard container, alcohol wipes, adhesive bandage, timing device, clipboard, pen, eye protection, masks, gown, gloves.

**SCENARIO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXAMINER(S):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Attempt: 1st 2nd 3rd (final)**

PASS

FAIL

|  |
| --- |
|   |
| **PREPARATION** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Establishes appropriate BSI precautions |  |  |  |
|   |
| **PROCEDURE** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Completes primary assessment |  |  |  |
| Administers high flow oxygen |  |  |  |
| Completes a secondary assessment | SAMPLE History |  |  |  |
| O2 sat reading |
| States the criteria for assisting with their own medications:  | Prescribed to thepatient |  |  |  |
| Meets indications |  |  |
| No contraindications |  |  |  |
| ALS unit has been requested |  |  |  |
| States when an EMT may carry and administer an EpiPen to an emergent patient  | Must be on-duty and working for a provider agency who has been approved by the LA Co EMS Agency Medical Director |  |  |  |
| Verbalize the indications for the administration of an EpiPen | Anaphylaxis |  |  |  |
| Severe asthma |
| Verbalize the contraindications for the administration of an EpiPen | There are no absolute contraindications if the patient has anaphylaxis or severe asthma |  |  |  |
| Checks medication for DICCE: | Name of drug |  |  |  |
| Integrity of container |  |  |
| Concentration/dose |  |  |
| Clarity |  |  |
| Expiration date |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| States the proper dose for the adult and pediatric patient | Adult 0.3mg |  |  |  |
| Pediatrics 0.15mg if < 3 yrs. or < 15kg |
| Calls for an Advanced Life Support Unit |  |  |  |
| Identifies the correct location of injection site (upper-outer thigh) |  |  |  |
| Cleanses injection site with alcohol wipe |  |  |  |
| Removes the safety cap from auto-injector |  |  |  |
| Place the tip of the auto-injector at a 90° angle to thethigh  |  |  |  |
| Pushes tip of auto-injector forcefully against injection site |  |  |  |
| Continues to hold the injector in place for 3 seconds until the medication is injected |  |  |  |
| Removes the injector and places in carrying tube or biohazard sharps container |  |  |  |
| Massages injection site for 3 seconds with alcohol wipe |  |  |  |
| Evaluates response to epinephrine administration: | Respiratory |  |  |  |
| Cardiovascular |  |  |
| Mental status |  |  |
| States the indications for the repeat administration of EpiPen to the adult and pediatric patient | ETA for ALS unit is > 10 minutes |  |  |  |
| ETA to most appropriate ED is > 10 minutes |
|   |
| **ADDITIONAL CRITERIA** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Made appropriate decisions based upon reassessment findings and response to interventions |  |  |  |
| Gave appropriate report to equal or higher level of care personnel |  |  |  |
| Disposed of contaminated equipment using approved technique |  |  |  |
| Performed procedure in a safe and appropriate manner |  |  |  |

Developed: 3/10, Revised 3/18