****NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SKILL PERFORMANCE EVALUATION**

**MEDICATION ADMINISTRATION**

**EPINEPHRINE AUTO-INJECTOR**

**PERFORMANCE OBJECTIVES**

Demonstrate proficiency in recognizing the indications, contraindications, criteria, and administer 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 | | |  |  |  |
| Completes primary assessment | | Assesses for the presence of life threatening condition |  |  | Scenario dependent |
| Assesses for AVPU |
| Assesses/Manages the airway |
| Assesses/Manages breathing |
| Encourages the patient to use their own physician prescribed inhaler *– if present* |  |  |  |
| Completes a secondary assessment | SAMPLE History | |  |  |  |
| OPQRST | |  |  |  |
| Vital Signs | |  |  |  |
| O2 sat reading | |  |  |  |
| Administers oxygen – *if indicated* | | |  |  | If you are using a shock scenario, high flow O2 is automatically indicated |
| States the criteria for assisting with their own medications: | | Prescribed to the  patient |  |  |  |
| 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 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance Criteria** | | | | | | **YES** | **NO** | **Comments** |
| 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:** | | | **D**rug Name | | |  |  |  |
| **I**ntegrity of container | | |
| **C**oncentration/dose | | |
| **C**larity | | |
| **E**xpiration date | | |
| States the proper adult and pediatric dose of Epinephrine | | Adult 0.3mg | | | |  |  | Scenario dependent |
| Pediatrics 0.15mg if 15-30kg | | | |  |  |
| **PROCEDURE** | | | | | | | | |
| **Performance Criteria** | | | | | | **YES** | **NO** | **Comments** |
| Calls for an Advanced Life Support Unit (ALS) | | | | |  | |  |  |
| Identifies the correct location of injection site | Remove clothing from thigh | | | |  | |  |  |
| 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 the  lateral thigh | | | | |  | |  |  |
| Pushes tip of auto-injector forcefully against injection site | | | | |  | |  |  |
| Continues to hold the injector in place for three (3) seconds until the medication is injected | | | | |  | |  |  |
| Removes the injector and places in carrying tube or biohazard sharps container | | | | |  | |  |  |
| Massages injection site for three (3) seconds with alcohol wipe | | | | |  | |  |  |
| Applies an adhesive bandage – *if bleeding* | | | | |  | |  | Scenario dependent |
| Evaluates response to epinephrine administration: | | | | **Respiratory**  Rate, tidal volume, lung sounds |  | |  |  |
| **Cardiovascular**  BP., pulse, skin color |  | |  |
| **Mental status**  Alert/oriented, disoriented |  | |  |
| Initiates CPR – if indicated | | | | |  | |  | Scenario dependent |
| 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 |

Developed: 3/10, Revised 11/18