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

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

**SKILL PERFORMANCE EVALUATION**

**MEDICATION ADMINISTRATION**

**EPINEPHRINE AUTO-INJECTOR (EpiPen)**

|  |  |
| --- | --- |
| **SCENARIO:**  |  |
| **EXAMINER(S):** |  | FAILPASS | **Attempt: 1st 2nd 3rd (final)** |

|  |
| --- |
| **PREPARATION** |
| **Skill Component** | **Yes** | **No** | **Comments** |
| Establishes standard precautions |  |  |  |
| Performs scene size up |  |  |  |
| **PROCEDURE** |
| **Skill Component** | **Yes** | **No** | **Comments** |
| **ASSESS****PATIENT** | Performs or verbalizes appropriate rapid medical assessment |  |  |  |
| **RECOGNIZE****INDICATIONS** | Verbalizes indicationsAnaphylaxisAirway SwellingRespiratory Distress/Bronchospasm (Severe Asthma) |  |  |  |
| Ensures Advanced Life Support Unit is enroute |  |  |  |
| **MANAGE AIRWAY****AND BREATHING** | Performs basic airway maneuvers and administers oxygen  |  |  |  |
| **STATE CORRECT MEDICATION/DOSE/ROUTE** | Adult 0.3mg IM |  |  |  |
| Pediatrics 0.15mg IM if 15-30 kg |  |  |  |
| **PERFORM MEDICATION SAFETY CHECK** |  Appropriately uses a medication safety check (i.e. DICCE**1** or 6 rights for medication administration) |  |  |  |
| **PROCEDURE- INTRAMUSCULAR AUTO-INJECTOR** |
| **Skill Component** | **Yes** | **No** | **Comments** |
| **DELIVER MEDICATION VIA AUTO-INJECTOR** | Identifies the correct location of the injection site (lateral thigh) |  |  |  |
| Appropriately cleanses injection site |  |  |  |
| Removes the safety cap from auto-injector |  |  |  |
| Places the tip of the auto-injector at a 90° angle against injection site and applies pressure on the tip to activate the device  |  |  |  |
| Holds the injector in place for 10 seconds  |  |  |  |
| Removes the injector and places biohazard sharps container |  |  |  |
| **EVALUATE RESPONSE****TO EPINEPHRINE** | Appropriately monitors patient and assesses for signs of improvement  |  |  |  |
| Administers a second dose if no response after 10 minutes as needed x 2 (max 3 doses) |  |  |  |

**Critical Actions are in BOLD and CAPITAL and are required for passing this skill**

**LOS ANGELES COUNTY (DHS) POLICY REFERENCES**

TP 1234, [**Adult Airway Obstruction**](https://file.lacounty.gov/SDSInter/dhs/1040413_1234Airwayobstruction2018-04-24.pdf);TP 1234-P,[**Pediatric Airway Obstruction**; TP 1219](https://file.lacounty.gov/SDSInter/dhs/1040485_1234-PAirwayObstruction2018-04-25.pdf)[**Adult Allergy**](https://file.lacounty.gov/SDSInter/dhs/1040399_1219Allergy2018-05-30.pdf)**;** TP 1219-P, [**Pediatric Allergy**](https://file.lacounty.gov/SDSInter/dhs/1040515_1219-PAllergy.pdf);MCG 1317.17, **[Drug Reference-Epinephrine](https://file.lacounty.gov/SDSInter/dhs/1053940_1317.17-Epinephrine2018-07-01.pdf)**

**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, nasal cannula, oxygen mask, blood pressure cuff, stethoscope, 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.

**1DICCE mnemonic**: Drug/Dose, Integrity, Color/Clarity, Concentration, Expiration Date

**The 6 Rights of Medication administration:**

1. Right Patient
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Documentation