

Students

Exhibit – Epinephrine Auto-Injector Incident Report

To be completed by the person who used the epinephrine auto-injector

Patient name: _____ Age: _____

Patient identification: Student Staff Other: _____

Date of incident: _____ Description of incident: _____

Name of person who determined victim’s unresponsiveness: _____

Name of person applying epinephrine auto-injector: _____

Number of times epinephrine auto-injector applied: _____

Time 9-1-1 was called: _____

| | | | |
|---|---------------|------------------------------|-----------------------------|
| Patient vitals prior to arrival of EMS: | Breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pulse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Heart rhythm: | _____ | |

Time EMS arrived: _____

| | | | |
|--------------------------------------|---------------|------------------------------|-----------------------------|
| Patient vitals after arrival of EMS: | Breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pulse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Heart rhythm: | _____ | |

Patient transported to: _____

List series of events from start of emergency until conclusion:

Forward completed incident report to the Executive Director.

Signature of person who administered epinephrine auto-injector Date

Address Telephone