SCDDSN Employee Checklist - Epi-Pen Injection

Employee:					
✓ off time	Consumer initials	Reviewer		Credential	Date
1					
2					
3					

SCORING: If the employee completes the task independently (without verbal prompts or manual assistance), place a 'Y' in the check off results column for YES. If the employee does not complete the task or requires verbal or manual guidance, place a 'N' in the check off results column for NO. **An employee is not considered competent to administer Epi-Pen injections unless all items are rated 'YES'.**

Does the employee complete all of the following steps independently?			
Item	✓ off time		
FOR EPI-PEN INJECTION - *(Use an Epi-Pen Trainer for this assessment)*	1	2	3
Taking Care of an Epi-Pen			
Keeps the Epi-Pen in its case until needed			
Checks the viewing window on Epi-Pen to make sure the medicine is clear. If cloudy, explains how to get a replacement.			
Checks the expiration date of Epi-Pen. If near the expiration date, explains how to get a replacement.			
Stores the Epi-Pen at room temperature.			
Identifying the Symptoms			
Describes symptoms of an anaphylaxis			
Asks the person if they need help using the Epi-Pen			
Calls emergency services (911) to report their location and describes person's condition and the emergency			
Checks for a medical ID necklace or ID			
Using the Epi-Pen [Blue to the sky; Orange to the thigh]			
Holds Epi-Pen firmly with fist in the middle of the Epi-Pen with orange tip pointing down.			
Tells the person that they are going to give Epi-Pen injection			
Removes the blue safety cap by pulling it straight up.			
Places the orange tip against the mid-outer thigh and pushes firmly until the Epi-Pen clicks			
Holds the pen in place for 10 seconds			
Removes the Epi-Pen			
Massages the injection site for 10 seconds			
Checks the orange tip to ensure needle is not exposed.			
Observes for side effects (employees can describe possible side effects).			
Ensures the person is transported to the emergency room			
Reports and documents according to facility policy			

Signatures upon successful completion:

Employee: _____ Date: _____

Reviewer: _____ Date: _____