

**South Carolina Department of Disabilities and Special Needs  
Self-Use Review - Epi-Pen Injection**

<b>Individual:</b>		<b>Residence/Site:</b>	
Assessment time	Reviewer	Credential	Date
1			
2			
3			
<p><b>SCORING:</b> If the individual can complete the task independently (without verbal prompts or manual assistance), place a 'Y' in the assessment results column. If the individual cannot complete the skill or requires verbal or manual guidance, place a 'N' in the assessment results column. <b>An individual is not considered 'independent' in the use of an EpiPen unless all items are rated as 'Y'.</b></p>			

Does the individual complete the following steps independently (without verbal prompts or manual assistance)? Record a Yes ('Y') or No ('N') in the appropriate column.			
Item (An Epi-Pen Trainer device should be used for this assessment.)	Review time		
	1	2	3
<b>Takes Care of the EpiPen</b>			
Keeps EpiPen in its case until needed.			
Checks the viewing window on EpiPen to make sure the medicine is clear. If cloudy, reports to staff member to get a replacement.			
Checks the expiration date of the EpiPen. If near the expiration date, reports to staff to get a replacement.			
Stores EpiPen at room temperature.			
<b>Identifies when use of an EpiPen is needed</b>			
Wears a medical necklace or medical ID at all times.			
Describes or identifies symptoms of anaphylaxis.			
Seeks help from staff or calls 911 using quick dial on cell phone.			
Shows medical necklace or medical ID to staff or first responder.			
<b>Using the EpiPen [Blue to the sky; Orange to the thigh]</b>			
Holds EpiPen firmly with fist in the middle of the EpiPen with orange tip pointing down.			
Removes the blue safety cap by pulling it straight up.			
Places the Orange tip against the mid-outer thigh and pushes firmly until EpiPen clicks.			
Holds the pen in place for 10 seconds.			
Removes the EpiPen.			
Massages the injection site for 10 seconds.			
Checks Orange tip to ensure the needle is not exposed.			
Agrees to go to emergency room with first responder.			
<b>Communicates incident to appropriate staff</b>			
Obtains a replacement EpiPen.			

Reviewer's signature upon successful completion: \_\_\_\_\_ Date: \_\_\_\_\_