Following administration of Epinephrine to students or staff, schools may choose to utilize this data collection tool. While not mandatory, collecting this information will allow the district to monitor the incidence and details of Epinephrine use in schools.

1. School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Type of School: 🞏 Public 🞏 BOCES 🞏 Nonpublic/Private

🞏 Charter 🞏 4201 (NYS Operated Schools) 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Level: 🞏 PreK/K 🞏 Middle School 🞏 PreK – 12

🞏 Elementary 🞏 High School 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Occurrence: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm

5. Epinephrine given:

🞏 Before school 🞏 During school 🞏 After school 🞏 Activity not related to school

🞏 If before or after school, incident occurred during: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Recipient is a: 🞏 Student 🞏 Staff Member

7. Does this individual have a previous history of asthma?

🞏 Yes 🞏 No 🞏 Unknown

8. Does this individual have a previous history of anaphylaxis?

🞏 Yes 🞏 No 🞏 Unknown

9. Has this individual previously received Epinephrine?

🞏 Yes 🞏 No 🞏 Unknown

10. Location of individual when symptoms developed:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other\_\_\_\_\_\_\_\_

11. Location of individual where Epinephrine was administered:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other\_\_\_\_\_\_\_\_

12. Location of Epinephrine storage:

🞏 Gymnasium 🞏 Health Office 🞏 Main Office 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Known allergen(s):

🞏 Egg 🞏 Latex 🞏 Peanut products 🞏 Soy

🞏 Food dye (red/yellow) 🞏 Medications 🞏 Seafood (fish/shellfish) 🞏 Wheat

🞏 Insect stings/bites 🞏 Milk 🞏 Tree nuts (almonds/cashews/walnuts)

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No known allergy

14. Trigger that precipitated this allergic episode: 🞏 Insect bite 🞏 Accidental exposure

15. Symptoms reported:

🞏 Throat/chest tightness/itchy throat/difficulty breathing 🞎Itchiness or swelling of lips/tongue/mouth

🞏 Rash/bumps/redness/itching of skin 🞎Nausea/abdominal pain/vomiting/diarrhea

🞏 Headache/uneasiness/confusion/vision changes 🞎Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Chest pain/fast heartbeat/dizziness/feeling faint

16. Signs observed:

🞏 Labored breathing/hoarseness/wheezing 🞏 Swelling of lips/tongue/mouth

🞏 Hives/redness/swelling on skin 🞏 Hypotension/tachycardia/weak pulse/fainting

🞏 Vomiting or diarrhea 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Epinephrine was administered by:

🞏 RN 🞏 LPN 🞏 Self 🞏 Parent

🞏 Unlicensed trained staff member administering to a student with a patient-specific order

🞏 Unlicensed trained staff member administering to a student/staff with a non-patient-specific order (on- site only)

18. Approximate time between onset of symptoms and administration of Epinephrine:

🞏 1 – 10 minutes 🞏 Greater than 20 minutes

🞏 11 – 20 minutes 🞏 Unknown

19. Was the Epinephrine administered under a patient-specific order for this individual?

🞏 Yes 🞏 No

20. Does the school district have a non-patient-specific standing order/protocol in place for anaphylaxis?

🞏 Yes 🞏 No

21. Is there an Emergency Care Plan in place (if student)?

🞏 Yes 🞏 No

22. Was the School Medical Director notified of the incident?

🞏 Yes 🞏 No 🞏 Unknown

23. Was the student/staff member transported to the Emergency Room after the incident?

🞏 Yes 🞏 No

24. Was a debriefing (follow-up) meeting held concerning this incident?

🞏 Yes 🞏 No