

**Report of Epinephrine Administration (2009-2010)**

*Please mail or fax form to: Cindy Galemore, Health Services Coordinator, Olathe Public Schools  
12148 S. Solomon Rd., Olathe, KS. 66061  
Fax number: 913-780-8104*

*(Please circle or complete appropriate responses to questions below)*

1. USD: \_\_\_\_\_ City/town \_\_\_\_\_ Name of School: \_\_\_\_\_
2. Type of Person: Student Staff Age: \_\_\_\_\_ Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No
3. Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White
4. Source of epinephrine: Student or staff individually prescribed \_\_\_\_\_  
School stock epinephrine per Kansas Statute \_\_\_\_\_
5. Date/Time of occurrence: \_\_\_\_\_ Known allergen(s): \_\_\_\_\_
6. Trigger that precipitated this allergic episode (if known): \_\_\_\_\_
7. Symptoms: \_\_\_\_\_
8. Location of student/staff when symptoms developed: Classroom Cafeteria Health Office Playground  
Other - specify: \_\_\_\_\_
9. Location of student/staff when epinephrine administered: Health Office Other -specify \_\_\_\_\_
10. Location of epinephrine storage: Health Office Other -specify: \_\_\_\_\_
11. Epinephrine administered by: RN Other  
If other, please specify \_\_\_\_\_
- Was this person formally trained? Yes No Date of training \_\_\_\_\_
12. Was EMS activated per practice standards? Yes No NA
13. Approximate time between onset of symptoms and administration of epinephrine: \_\_\_\_\_ minutes
14. Individual Health Care Plan (IHCP) in place? Yes No
15. Any past history of epinephrine use: Yes No

**Disposition:**

Transferred to ER: Yes No Discharged after \_\_\_\_\_ hours. Biphasic reaction: Yes No Unknown

Hospitalized: Yes No Discharged after \_\_\_\_\_ days

Student/Staff Outcome: \_\_\_\_\_

Did a debriefing meeting occur? Yes No

Recommendation for changes: Protocol change Policy change Educational change Information sharing None

Comments: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(please print)  
Title: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

School address: \_\_\_\_\_