

Epi Pen Auto Injector Administration
Skill Verification

Start Time: _____

Stop Time: _____ **Date:** _____

Candidate's Name: _____

Evaluator's Name: _____

ASSESSMENT	Skill Completed	Did Not Complete
Takes, or verbalizes, body substance isolation		
Assess patient for signs/symptoms of respiratory distress, audible wheezing and swelling of tongue and airway compromise (verbalize these are present)		
Assure patient and prepare epinephrine auto injector		
Verify expiration date and visually check integrity of epinephrine		
Correctly holds auto injector in one hand, while stabilizing patient's leg with other hand		
Remove blue safety cap, place orange tip next to lateral thigh		
Prepare patient for injection		
Press firmly and hold for a count of ten		
Remove auto injector correctly from injection site		
Direct patient to rub injection site		
Reassess patient for relief of symptoms / vitals		
Retain auto injector for possible additional doses (wilderness only)		
Total		

Critical Criteria

_____ Did not hold auto injector correctly (thumb over end automatic fail)

_____ Did not verify expiration date / visual check of medication

_____ Did not stabilize patient's leg

_____ Did not apply injector appropriately ("swing-and-jab" automatic fail)