

Maine Department of Education  
School Health Report

Epinephrine Autoinjector Administration **STAFF**

**Please send Form by mail, email or fax to:**

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School District/school: \_\_\_\_\_ Date/Time of Occurrence: \_\_\_\_\_

Age of Staff (optional): \_\_\_\_\_ Gender: M F Diagnosis/history of Asthma  Yes  No

Known allergen(s): \_\_\_\_\_

Trigger that precipitated this allergic episode: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Location of staff when symptoms developed: \_\_\_\_\_

Location of staff when epinephrine administered: \_\_\_\_\_

Location of epinephrine storage: \_\_\_\_\_

Dose give:  0.15 mg.  0.30 mg. 2nd doses given:  Yes  No Exp. Date: \_\_\_\_\_

Epinephrine administered by:  RN  Other If other, please specify: \_\_\_\_\_

If other than an RN, was this personally formally trained?  Yes  No Date of training \_\_\_\_\_

If epinephrine was self-administered by a staff at school or a school-sponsored function, did the staff follow school protocols to notify school personnel and activate EMS?  Yes  No  NA

Approximate amount of time between onset of symptoms and administration of epinephrine \_\_\_\_\_

Emergency Plan in place?  Yes  No

Written school district policy on management of life-threatening allergies in place?  Yes  No

School building emergency response team activated?  Yes  No  NA

Emergency Medical System:

Epinephrine available:  Yes  No

Other emergency measures performed:  
\_\_\_\_\_

Disposition:/Outcome:

Debriefing:

Recommendations for changes/improvements to current policy or procedures (attach supporting documents):

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

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_