



SKILLS COMPETENCY VERIFICATION: EPINEPHRINE AUTO-INJECTOR ADMINISTRATION FORM

NAME: _____

DATE: _____

AGENCY: _____

EVALUATOR: _____

OBJECTIVE

The candidate will demonstrate the ability to correctly identify the indications for Epinephrine and properly administer the medication.

EQUIPMENT

Manikin or simulated patient, required auto-injector equipment, Oxygen (O₂), stethoscope, appropriate Personal Protective Equipment (PPE).

PERFORMANCE CRITERIA AND CONDITIONS

The candidate will be presented with a manikin or simulated patient who has Signs and Symptoms (Si/Sx) of Anaphylaxis and is in severe distress. The candidate will correctly assemble and administer the Epinephrine auto-injector device and properly inform/instruct the patient on its use.

EVENT	DOES	DOES NOT
1. States the indications for the use of Epinephrine. <ul style="list-style-type: none"> • Si/Sx of Anaphylaxis. <ul style="list-style-type: none"> ○ Low BP ○ Rapid weak pulse ○ Difficulty speaking or swallowing ○ Difficulty breathing ○ Rash/Hives ○ Flushed or pale skin ○ Nausea/Vomiting ○ Anxiety 		
2. States the contraindications for the use of Epinephrine. <ul style="list-style-type: none"> • Weight is less than (<) 15 kilograms (kg)/33 pounds (lbs). • Si/Sx of an allergic reaction only. 		
3. States the possible side effects of Epinephrine. <ul style="list-style-type: none"> • Rapid or irregular pulse • Anxiety • Dizziness • Nausea/Vomiting • Chest Pain 		
4. States or demonstrates the use of appropriate PPE.		
5. Checks medication for damage, proper dose, cloudy or discolored liquid and expiration date.		



Yolo County Emergency Medical Services Agency

Skill Sheets

Revised Date: September 1, 2018

EVENT	DOES	DOES NOT
6. Properly assembles equipment.		
7. Properly informs/instructs the patient on medication application and use.		
8. Re-assesses patient for effectiveness of treatment and side effects.		