

EPINEPHRINE AUTO INJECTOR

Candidate's Name:		Date:
__ EMT __ EMTI __ EMTP		School #:
__ Initial		__ Renewal __ Equivalency __ Retest
Station Time 5 Minutes	Start Time:	End Time:

- | | | | |
|---|-----|------|--|
| 0 | 2 | *1. | Avoids contamination of equipment or replaces contaminated equipment prior to use. |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) |
| 0 | 1 2 | *3. | Informs patient of order for medication and inquires about allergies |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | *6. | Selects appropriate site and identifies it by pointing to (touching) the site on self |
| 0 | 2 | 7. | Verbalizes recheck of the medication label |
| 0 | 1 2 | 8. | Prepares the injection site |
| 0 | 2 | 9. | Verbalizes recheck of the medication label |
| 0 | 2 | *10. | Removes safety cap from the injector |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | *12. | Places the tip of auto-injector against the injection site and pushes the injector firmly against the injection site |
| 0 | 2 | *13. | Holds auto-injector against the site for 10 seconds |
| 0 | 2 | 14. | Removes auto-injector and applies pressure |
| 0 | 2 | *15. | Disposes of contaminated equipment |

_____ Candidate's Total Points (minimum passing total: 21 points)	
Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *)	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments: