

**EMERGENCY MEDICAL SERVICES UNIVERSITY, LLC**  
**EMERGENCY MEDICAL TECHNICIAN SKILLS**  
**EPINEPHRINE ADMINISTRATION**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor/Evaluator: \_\_\_\_\_  
 Signature

Actual Time Started: _____	SCORE
Takes appropriate PPE precautions	/1
Ensures the scene is safe	/1
Completes a primary assessment of the patient	/1
Ensures appropriate ventilation	/1
Completes a secondary assessment (including vital signs)	/1
Verbalizes the signs and symptoms of an anaphylactic reaction	/2
Verbalizes the criteria for assisting the patient with their medication	/1
Verbalizes the mechanism of action for epinephrine	/1
<b>SELECTS CORRECT MEDICATION BY IDENTIFYING</b>	
Right patient	/1
Right medication	/1
Right dosage/concentration	/1
Right time	/1
Right route	/2
<b>ALSO CHECKS MEDICATION FOR</b>	
Clarity	/1
Expiration Date	/1
<b>VERBALIZES MEDICATION SPECIFIC INFORMATION</b>	
Verbalizes the onset of action and duration of epinephrine	/2
Verbalizes the indications for administration of epinephrine	/1
Verbalizes the contraindications for administration of epinephrine	/1
Verbalizes the side effects of epinephrine	/1
<b>CONTINUED CARE, ADMINISTRATION AND DISPOSAL</b>	
Calls for an ALS support unit	/1
Demonstrates safe and proper administration of epinephrine	/5
Verbalizes proper disposal of epinephrine	/1

**TOTAL** \_\_\_\_\_/29

N/A Not applicable for this patient

1 Successful; competent; no prompting necessary

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Contaminates equipment without appropriately correcting situation
- \_\_\_ Injects improper medication or dosage (wrong medication, incorrect amount, or administers at an inappropriate rate)
- \_\_\_ Recaps needle or failure to dispose/verbalize disposal of needle, syringe and mucosal atomizer device in proper container
- \_\_\_ Failure to observe the patient for desired effect and adverse side effects after administering medication
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

[illegible]

*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*