

PRE-ADMINISTRATION CHECKLIST

INCIDENT INFORMATION

PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)

When the listed Indications are met, Contraindications ruled out and Conditions achieved, a Qualified Provider¹ may administer Epinephrine (via EpiPen auto-injector) and oral Diphenhydramine to patients suspected of experiencing an anaphylactic reaction.

INDICATIONS FOR USE – EPINEPHRINE (EPI)

- Recent exposure to a probable allergen, **AND**
- Patient is unstable demonstrated by at least one of the following:
 - **AIRWAY COMPROMISE:** secondary to facial and/or throat swelling, **AND / OR**
 - **RESPIRATORY:** labored, wheezing, stridor, dyspnea, **AND / OR**
 - **CIRCULATORY:** tachycardia, hypotension, cyanosis, pale-cool-clammy

CONTRAINDICATIONS OF USE – EPINEPHRINE (EPI)

1. Known allergy to EPI
2. Patients under 15 Kgs (obtain physician's order)

INDICATIONS FOR USE – DIPHENHYDRAMINE (DPH)

- Patient meets the criteria for administration of EPI (as above), **AND / OR**
- Recent exposure to a probable allergen and **IN-ADDITION** who has been instructed by a physician to take DPH to prevent the exposure from progressing to anaphylaxis

CONTRAINDICATIONS OF USE – DIPHENHYDRAMINE (DPH)

1. Known allergy to DPH
2. Patients under 15 Kgs
3. Patients with a lowered LOC and therefore a risk of aspiration

CONDITIONS OF USE (ALL CONDITIONS MUST BE ACHIEVED PRIOR TO EPI AND DPH ADMINISTRATION)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system and notified EMS
- Conducted a targeted Past Medical History if possible
- Obtained and recorded baseline vital signs including: LOR, RR, HR, Skin Temperature & Condition
- Obtained patient consent
- Ruled out contraindications
- EPI and DPH are to be administered as outlined in PEAK's APTP Training Manual

¹ Qualified Provider - an individual who has received specific PEAK training.