

PRE-ADMINISTRATION CHECKLIST

INCIDENT INFORMATION

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

- 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

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

INDICATIONS FOR USE – DIPHENHYDRAMINE

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

CONTRAINDICATIONS OF USE – DIPHENHYDRAMINE

1. Known allergy to Diphenhydramine
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 EPINEPHRINE AND DIPHENHYDRAMINE 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
- Epinephrine and Diphenhydramine are to be administered as outlined in PEAK's APTP Training Manual

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