

## ***Epi-Pen Procedure***

Purpose: To allow use of Epi-pen/Epi-Pen Jr. for life-threatening anaphylaxis by authorized prehospital providers licensed at or above the Emergency Medical Technician level.

### **1. Indications**

- a. Life-threatening allergic/anaphylactic reactions
- b. Use with Allergic Reaction/Anaphylaxis Protocol

### **2. Contraindications**

- a. No absolute contraindications to life-threatening anaphylaxis
- b. Caution: Use with caution in patients with heart disease, high blood pressure, and stroke.

### **3. Technique**

- a. Use of Epi-Pen only allowed after contact with Medical Control
- b. Epi-Pen is an auto-injector that injects medication into the subcutaneous tissue when the device is pushed against the skin. Injection is to be done at the anterolateral portion of the thigh.
- c. Dosing: Epi-Pen (0.3 mg) is used for patients weighing over 32 kg and between the ages of 11 and 70. Epi-Pen Jr. (0.15 mg) is used for patients from age 2 to 11, and weighing at least 10 kg.

### **4. Documentation**

- a. EMS providers will note any changes in the patient's condition and report those changes to on-line medical control and document changes on the run form and complete the Epi-Pen Utilization Form.

### **5. Accountability**

- a. Epi-Pens will be stored in a securely locked compartment in a temperature controlled area of the EMS vehicle. They will be furnished by the hospital and replaced according to the "Pharmacy Procedure".

**Michigan**  
**System Protocols**  
**EPI-PEN PROCEDURE**

Date: Sept. 2004

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Epi-Pen Utilization Form  
(To be used by Hospital)

<u>Drug</u>	<u>Standard Quantity</u>	<u>Count</u>	<u>Expiration Date</u>
Epi-Pen 0.3 mg	2	_____	_____
Epi-Pen Jr. 0.15 mg	2	_____	_____

Run Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Physician \_\_\_\_\_

EMT \_\_\_\_\_

Receiving Hospital \_\_\_\_\_