Epi-Pen Procedure Supplement

☐ Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

This supplement is intended to authorize MFRs to carry and use the Epi-Pen epinephrine auto-injector. In order to use this supplement the MCA must create a needs statement that defines criteria for agencies that will be using the Epi-Pen. The needs statement must be consistent with Michigan statute, MCL 333.20919 (6); and be reviewed and approved by the Department. If an agency in the MCA meets the criteria, this supplement becomes mandatory.

MCL 333.20919 (6) states that a local medical control authority may require medical first response services and licensed medical first responders within its region to meet additional standards for equipment and personnel to ensure that each medical first response service is equipped with an epinephrine auto-injector, and that each licensed medical first responder is properly trained to recognize an anaphylactic reaction and to administer and dispose of the epinephrine auto-injector, if a life support agency that provides basic life support, limited advanced life support, or advanced life support is not readily available in that location.

MCA Medical First Responder Need Statement

The Epinephrine Auto Injector protocol applies to Medical First Responders (MFRs) based on need as follows:

MFR agencies which _____
_____
_____
_____
_____
_____
_____
_____
_____

will carry epinephrine auto injectors as described in the **Epi-Pen Procedure. All providers in the system should use the following procedure.**

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 Medical First Responder level. Due to the high risk of relapse, patients who are treated with an Epi-pen/Epi-pen Jr., either prior to or after EMS arrival, should be transported to an appropriate facility, per MCA protocol. Contact medical control for refusal requests even if the Epi-pen/Epi-pen Jr. treatment was not administered by EMS personnel.

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.
   c. Patient weight less than 10 kg.

<u>Pre-Medical Control</u>
MFR

1. **Technique**
   a. Epi-Pen is an auto-injector that injects medication into the intramuscular tissue when the device is pushed against the skin. Injection is to be done at the anterolateral portion of the thigh.
   b. Dosing: Epi-Pen (0.3 mg) is used for patients weighing over 32 kg. Epi-Pen Jr. (0.15 mg) is used for patients weighing at least 10 kg.
   c. Instructions for use are pictured on the side of each auto-injector.
   d. The auto injector must be held in place for ten (10) seconds once the needle injects into the thigh.

2. **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.

3. **Accountability**
   a. Epi-Pens will be stored in a securely locked compartment in a temperature controlled area of the EMS vehicle.
   b. Epi-Pens must be restocked at the pharmacy or through other Medical Control approved process in conformity with current pharmacy laws and the public health code. Utilization forms must be completed for each use.
   c. The utilization form and EMS patient care record will be forwarded to the MCA office after each Epi-Pen use.

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

Drug	Standard Quantity Count		Expiration Date
Epi-Pen 0.3 mg	1	_____	_____
Epi-Pen Jr. 0.15 mg	1	_____	_____

Run Date _____

Patient Name _____

Physician _____

MFR _____

Receiving Hospital _____