



# Holly Area Schools

## Epinephrine Auto-Injector (EAI) Administration Documentation

Date \_\_\_\_\_ Name of person receiving EAI: \_\_\_\_\_ Building: \_\_\_\_\_

If Student: Grade \_\_\_\_\_ Age \_\_\_\_\_ Employee: \_\_\_\_\_ Visitor: \_\_\_\_\_ Time incident began: \_\_\_\_\_

Time EAI was given: \_\_\_\_\_ Time (if second EAI was given): \_\_\_\_\_

EMS called (time): \_\_\_\_\_ EMS arrived (time): \_\_\_\_\_  EMS given information (time of EAI administration(s), a copy of the emergency card and/or the student specific Anaphylaxis Action Plan)

If student: Parent/guardian notified: \_\_\_\_\_ Time: \_\_\_\_\_

### Check all that apply:

- Student had individual Anaphylaxis Action Plan on file for the current school year
- EAI(s) used were supplied by the family as ordered
- Student was known to have severe allergy but no EAIs were provided and stock EAI used
- Family notified that EAIs need to be replaced
- Student had no previously known severe allergy and stock EAI was used for suspected anaphylaxis
- Person other than k-12 student was given stock EAI for suspected anaphylaxis

### Check possible trigger for anaphylaxis:

- Food** (Specific food if known or other relevant information, such as location of ingestion) -  
\_\_\_\_\_
- Stinging insect** (Type if known, location on campus, other)-  
\_\_\_\_\_
- Latex** (source if known)-  
\_\_\_\_\_
- Other** (Circumstances surrounding reaction that might be relevant to cause of anaphylaxis)-  
\_\_\_\_\_

**Symptoms leading to administration of EAI:**  
\_\_\_\_\_

**Other known health issues, such as asthma, eczema, allergies:**  
\_\_\_\_\_

**Symptoms occurred which lead to a second EAI being used:**  
\_\_\_\_\_

**Information to be kept for incident review and yearly reported to the State of Michigan. Please email a copy to the district nurse and HR.**

**Signature of Person Filing Report:** \_\_\_\_\_ **Date** \_\_\_\_\_