

## ***Epinephrine Auto-Injector Procedure***

**Aliases:** Epi-Pen ®

**Purpose:** To allow use of epinephrine auto-injector/pediatric epinephrine auto-injector for life-threatening anaphylaxis by authorized prehospital providers licensed at or above the Emergency Medical Technician level. \*If MCA selected, epinephrine auto-injectors are approved for Medical First Responder use.

**MCA Approval of Epinephrine Auto-injector for Select MFR Agencies**  
**(Provide List to BETP)**

YES  NO

### **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.

### **3. Technique**

- A. Epinephrine auto-injector 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: Epinephrine auto-injector (0.3 mg) is used for patients weighing over 32 kg. Pediatric epinephrine auto-injector (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.

### **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 Epinephrine Auto-injector Utilization Form.

### **5. Accountability**

- A. Epinephrine auto-injectors will be stored in a securely locked compartment in a temperature controlled area of the EMS vehicle.
- B. Epinephrine auto-injectors 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.



**Michigan**  
**MEDICATION SECTION**  
**EPINEPHRINE AUTO-INJECTOR PROCEDURE**

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Revised Date: 10/25/2017

Section 9-7

Epinephrine auto-injector Utilization Form  
(To be used by Hospital)

<u>Drug</u>	<u>Standard</u>	<u>Quantity</u>	<u>Count</u>	<u>Exp. Date</u>
Epinephrine auto-injector	0.3 mg	1	_____	_____
Pediatric Epinephrine auto-injector	0.15 mg	1	_____	_____

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

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

Physician \_\_\_\_\_

EMT \_\_\_\_\_

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