

Epinephrine Auto-Injector Incident Report Form

- Every event in which an epinephrine auto-injector is used will be reviewed by the qualified supervisor of health and the EMS Agency Medical Director.
- The person involved in using the epinephrine auto-injector must complete this form to gather as much information as possible immediately following the incident. This form shall be submitted to the EMS Agency for review within 72 hours of the incident.
- Due to confidentiality/privacy laws surrounding medical information, no copies of this form may be made. Submit the original form to the EMS Agency Medical Director at: 935 Broadway, El Centro, CA 92243.

Incident Details

Location: _____

Incident Date: _____ Incident Time: _____ Patient Age: _____

Substance Involved: _____ Known Allergy ☐ Yes ☐ No

Time of Symptom Onset: _____ Time of Auto-Injector Administration: _____

Time of 911 Activation: _____ Time of Arrival of EMS First Responders: _____

Type of auto-injector used: ☐ Regular/Adult ☐ Junior**Additional Information**

Auto-injector user name: _____ Contact Phone Number: _____

Brief Description of Event: *(Include any difficulties noted with use of auto-injector, use back of sheet if needed)*

Report Completed By: _____

Date: _____