

**Michigan**  
**General Procedures**  
**EPI-PEN PROCEDURE**

Date: May 31, 2012

Page 1 of 2

## ***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.
- C. Patient weight less than 10 kg.

### **Pre-Medical Control**

#### **EMT/ SPECIALIST/PARAMEDIC**

### **3. 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 autoinjector.
- D. The autoinjector 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 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.
- 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.

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Page 2 of 2

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	1	_____	_____
Epi-Pen Jr. 0.15 mg	1	_____	_____

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

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

Physician \_\_\_\_\_

EMT \_\_\_\_\_

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

MCA Name  
MCA Board Approval Date  
MDCH Approval Date  
MCA Implementation Date



**Section 5-13**