

# Disposition and Destruction of Epinephrine Auto-Injectors

Name of School/School District: \_\_\_\_\_

Replace Used Auto – Injector ☐ Replace Expired Auto – Injector ☐

## Documentation of Anaphylactic Reaction (if any)

Date and Time of Occurrence: \_\_\_\_\_

Age of person: \_\_\_\_\_ Gender: \_\_\_\_\_

Please describe what you saw that led you to administer the Epinephrine auto-injection:

## Symptoms and Assessment of Systems:

### Respiratory

☐ difficulty breathing ☐ coughing ☐ tightness/closing of airway/throat  
☐ change in voice ☐ wheezing ☐ swallowing

### Integumentary

☐ itching ☐ hives or swelling ☐ color change (pale, gray or blue)

### Circulatory

☐ increased heart rate ☐ decreased blood pressure ☐ signs of cool or clammy skin

### Gastrointestinal

☐ vomiting ☐ diarrhea ☐ stomach cramps

### Mental status

☐ sense of doom ☐ fainting or loss of consciousness ☐ dizziness

Other: \_\_\_\_\_

Contributing factor: ☐ Food ☐ Insect sting ☐ Medication ☐ Latex  
☐ Unknown Describe: \_\_\_\_\_

*Note: Rare causes may be food dependent exercise induced anaphylaxis (an individual eats a specific food and exercises within 3-4 hours after eating) or idiopathic anaphylaxis (unknown cause)*

I ensured disposal of the used or expired epinephrine auto-injector. Number of Adult doses: \_\_\_\_\_

Number of Jr. doses: \_\_\_\_\_

Name of Qualified Supervisor of Health/Administrator

Date

Send form to: Ventura County Office of Education

Comprehensive Health and Prevention Services

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