



Central California Emergency Medical Services Agency

A Division of Fresno County  
Department of Public Health

**EPINEPHRINE AUTO-INJECTOR**  
Skills Competency Verification Form

**PERFORMANCE OBJECTIVE**

Demonstrate proficiency in administering epinephrine intramuscularly via auto-injector.

**TESTING CONDITIONS**

The student will be requested to administer epinephrine 0.3mg –0.3ml intramuscularly via an auto-injector to a patient who has known allergies to bee stings. Necessary equipment will be adjacent to patient or simulated patient.

**EQUIPMENT**

Simulated patient, epinephrine auto-injector 0.3 mg –0.3 ml and epinephrine auto-injector 0.15 mg in 0.3 ml, antiseptic wipes, adhesive bandages, sharps container, and gloves.

**PERFORMANCE CRITERIA**

Perform all \* criteria: Yes or No

Overall Score: Pass or Fail

EMT Name: \_\_\_\_\_ Date: \_\_\_\_\_

		Yes	No
*1	Take or verbalize universal body/substance isolation precautions.		
*2	Verbalize performing scene size-up.		
*3	Verbalize performing primary survey.		
*4	Verbalize performing decontamination by removing any allergy irritants e.g. Bee stingers, latex dust.		
*5	State the indications for administration of epinephrine auto-injectors.		
*6	Ask the patient if they are allergic to any medications.		
*7	Check for correct medication, concentration, integrity of container, dosage, and expiration date.		
*8	Select and prepare injection site using aseptic technique.		
*9	Remove safety cap from the auto-injector.		
*10	Place tip of auto-injector against the patient's lateral mid-thigh at a 90 degree angle.		
*11	Uses a quick motion, presses hard onto thigh until auto-injector mechanism functions, and holds in place for 10 seconds.		
*12	Withdraw auto-injector and using a dressing/bandage apply pressure to injection site and massage area for 10 seconds.		
*13	Verbalize disposing of auto-injector in sharps container.		
*14	Verbalize continued monitoring of patient and observing for improvement or worsening of the patient's respiratory distress.		
*15	Verbalize completing the secondary survey and providing supplemental oxygen and respiratory support as needed.		

Pass Fail

Name of evaluator: \_\_\_\_\_ Signature of evaluator: \_\_\_\_\_