Epinephrine Administration

Instructions: See Instructions on back of form prior to completing

eHIPS Incident Number: _____

FACILITY INFORMATION

Camp Name:_____ Record ID / DC#:_____

Camp Type: ☐ Day ☐ Overnight Camp for developmentally disabled? ☐ Yes ☐ No Date Reported_____/_____/_____ to Local Health Department

Incident Date: _____/_____/_____ Incident Time: _____:_____ (Military time)

Location of Incident: ☐ In Camp ☐ Out-of-Camp Specify:_____

Does the camp participate in the Epinephrine administration program? ☐ Yes ☐ No

VICTIM INFORMATION **eHIPS Victim ID:** _____

Name of Patient: _____

Home Address Street _____

Town, Village or City _____State_____

Name of Parent or Guardian _____

Home Phone Number (____) _____ **Material in shaded area is confidential**

Age: _____ Weight:_____ Sex: ☐ Female ☐ Male

Status: ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff*
☐ Other* _____ Specify for *_____

EVENT INFORMATION

Type of Incident Resulting in Need to Administer Epinephrine:

☐ Bee Sting ☐ Other Insect Bite * ☐ Asthma Attack ☐ Food Allergy* ☐ Other*

* Specify:_____

Time Epinephrine administered: ____:_____ (Military time) Number of auto-injector administrations:_____

Type of Epinephrine Injector: ☐ Epi-pen® ☐ Epi-pen Jr.® ☐ Other Specify:_____

Where on body was epinephrine injected?_____

Indicate source of Epinephrine: ☐ Camp Supply ☐ Patient Prescription ☐ EMS supply ☐ Hospital Supply
☐ Other Specify:_____

Epinephrine Administered by: Name:_____ Indicate applicable certification(s) below

☐ Doctor ☐ Nurse Practitioner ☐ Physician's Assistant ☐ RN ☐ LPN ☐ EMT ☐ First Aid Certified Staff

☐ Self-Administered ☐ Other _____

Epinephrine training course: ☐ NYS EMS ☐ Red Cross ☐ None ☐ Other _____

Name of EMS agency providing care:_____Phone:_____

Name and location of health care facility patient was transported to:_____

Was patient admitted? ☐ Yes ☐ No

Narrative: Provide a written description of the event on back of form.

Instructions for completing the Children's Camp Epinephrine Administration Report

Local health department staff are responsible for completion of the form and submittal to the Bureau of Community Sanitation and Food Protection. Victim information is confidential and must be protected from unauthorized disclosure.

Children's camps must report epinephrine administration to the local health department whether or not they are participating in the auto injector program and regardless if medication was from the camp's stocked supply or brought to camp by a camper or staff.

Description of Incident:

Describe symptoms and circumstances surrounding the administration of the Epinephrine including the cause of anaphylaxis, signs and symptoms displayed by the patient prior to administration and the patient's response to the administered drug. Enter the events in the chronological order of their occurrence. Include available information about the event's outcome such as whether the patient was discharged from the hospital, returned to camp or went home. Use additional sheets if needed. When entering the narrative into eHIPS do not enter confidential information. Use the victim's initials or similar code.

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Report completed by:_____ **Title**:_____ **Date**: _____/_____/_____

Child Care Borough Office :_____ **Phone**: (_____)_____