

REGIONAL EMERGENCY MEDICAL ORGANIZATION (REMO)  
EPINEPHRINE AUTO-INJECTOR  
USAGE REPORT

Organization Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Agency Type:     Ambulance Service    BLS First Responder    ALS First Responder  
                          Day Camp     Overnight Camp     Traveling Camp

**Patient Information**

Female    Male    Age: \_\_\_\_\_    Weight: \_\_\_\_\_  
If at a Camp, Patient's Status:    Camper    Staff    Counselor    Other

**Incident Information**

Date of Incident \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Incident: \_\_\_\_\_  A.M.    P.M.  
Location of Incident:    Camp or Camp Trip    Home    Specify: \_\_\_\_\_

Type of Incident Resulting in Need to Administer Epinephrine:  
 Bee Sting    Other Insect Bite    Asthma Attack    Food Allergy    Other  
Specify Event: \_\_\_\_\_

Does the patient have a known prior history of allergy to the substance? \_\_\_\_\_  
Was medical control established, if needed: \_\_\_\_\_ Physician Name or #: \_\_\_\_\_

**Administration Information**

Time Epinephrine was administered: \_\_\_\_\_  A.M.    P.M.  
Where on body was epinephrine injected? \_\_\_\_\_  
Number of auto-injector administrations: \_\_\_\_\_  
Type of Epinephrine Injector:    Epi-pen®    Epi-pen Jr.®    Syringe epinephrine kit  
                          Other (specify) \_\_\_\_\_

Indicate source of Auto-Injector:    Camp supply    Patient's prescription    Other (specify):  
\_\_\_\_\_

Administered by: \_\_\_\_\_ EMT#: \_\_\_\_\_  
Indicate applicable certification(s):  
 Doctor    RN     EMT     AEMT     Self Administered     Other \_\_\_\_\_

Epinephrine training course:    NYS EMS    Red Cross    Other \_\_\_\_\_  
Name of EMS agency providing transport: \_\_\_\_\_  
Name of hospital emergency department patient was transported to: \_\_\_\_\_  
PCR #: \_\_\_\_\_

Was patient admitted?    Yes    No     Not Sure  
Was the agency's Medical Director notified of the incident within 24 hours?                     Yes    No

This form is to be completed and sent to REMO within 2 business days of the use of an Epinephrine auto-injector. Send the form via email (admin@remo-ems.com), fax (518-464-5099) or mail to:

REMO  
Attn: Medical Standards  
24 Madison Avenue Extension  
Albany, NY 12203