

**REGIONAL EMERGENCY MEDICAL ORGANIZATION (REMO)  
EPINEPHRINE USAGE REPORT**

Organization Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
Agency Type:   Ambulance Service   BLS First Responder   ALS First Responder  
                  Day Camp                   Overnight Camp           Traveling Camp

**Patient Information**

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

**Incident Information**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location of Incident:   Camp or Camp Trip   Home   Specify: \_\_\_\_\_

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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: \_\_\_\_\_

Type of medication administration: \_\_\_ Autoinjector       # of times auto-injector administered \_\_\_\_\_

Type of Epinephrine Injector:   Epi-pen®   Epi-pen Jr.®   Other: \_\_\_\_\_

Indicate source of Auto-Injector: \_\_\_ Camp supply   \_\_\_ Patient's prescription

Other (specify): \_\_\_\_\_

**OR** \_\_\_ Check and inject       Dosage administered \_\_\_\_\_   # of times administered \_\_\_\_\_

Where on body was epinephrine injected? \_\_\_\_\_

Administered by: \_\_\_\_\_

Indicate applicable certification(s):

          Doctor   RN   EMT   AEMT   Self Administered   Other: \_\_\_\_\_

Certification/license # \_\_\_\_\_

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 hrs?   Yes   No

Complete this form and send to REMO within 2 business days of the use of epinephrine. Send the form via email (medicalstandards@remo-ems.com; fax (464-5099) or mail to:

REMO  
Attn: Epinephrine administration  
431 New Karner Road  
Albany, NY 12205