

Allergic Reaction Report

In the event a Thomas Jefferson Regional EMS agency provider utilizes the Ana-Kit, a "Thomas Jefferson EMS Council, UVa Prehospital Allergic Reaction Report Form" shall be completed and forwarded to the Thomas Jefferson EMS Council (if patient not transported to hospital) or left in the UVa Prehospital/TJEMS receiving bins at UVa Hospital. The importance of prompt quality management demands these forms to be completed immediately after the release of patient care or within forty-eight hours (48) of the Ana-Kit use.

Allergic Reaction Report

Thomas Jefferson EMS & UVa Prehospital Program
Allergic Reaction Report

Agency: _____ Unit #: _____ Date: ___/___/___

Patient's Age: _____ Gender: Male _____ Female _____

Suspected Allergen: Bee Sting ___ Chocolate ___ Seafood ___ Pollen ___
Nuts ___ Other: _____

Time from exposure to 1st symptoms: _____

Time from exposure to 1st epinephrine injection: _____ 1st dosage: _____mg

Given by: _____ Level: EMT ST CT PM Park Medic

Medication administration: Before After Medical Command

Medication administration: Before After Ambulance Arrival

Epinephrine obtained from: Patient Yourself Ambulance Other: _____

Epinephrine came in: Ana-kit Prehospital Program Kit Regional Drug Box Epi-Pen

Initial Signs and Symptoms

B/P: _____ Pulse: _____ Respirations: _____ Level of Consciousness: _____

Breath Sounds: Clear Wheezing Shallow Labored Absent

Skin: Normal Ashen Cool Cold Clammy Cyanotic Flushed

Red Hot Dry Diaphoretic

Swelling (edema): Face Lips Eyes Hands Feet All Over None

Rash (urticaria): Face Chest Extremities All Over None

10 Minutes Post Medication Administration

B/P: _____ Pulse: _____ Respirations: _____ Level of Consciousness: _____

Breath Sounds: Improved No Change Worse

Swelling: Improved No Change Worse

Rash: Improved No Change Worse

Was 2nd dose of epinephrine administered? Yes No If Yes; _____mg

If so, time from last dose: _____

Other drugs administered? Yes No Drugs: _____

Patient Disposition: Transported Non-Transport Local MD

Please return to:
Prehospital Program
Box 523
UVa Medical Center
Charlottesville, Virginia 22908
OR
Place in EMS Box located in MEDCOM