Epinephrine Auto-Injector (EPI)  
Course Overview

The Epinephrine Auto-Injector (EPI) course is approved by the Board of Nursing and Virginia Department of Social Services (VDSS).

- In this course, you’ll learn to give epinephrine using the EpiPen® auto-injector ONLY.

- Please note:
  - To administer epinephrine using any other auto-injector device, you must complete additional child-specific training, which can consist of the child’s parent or healthcare provider demonstrating the use of the other auto-injector device.
  - To administer any other routes/medications (such as oral tablets or liquids), you must complete additional MAT training. Information about the MAT curriculum can be obtained by visiting the MAT Program website at:  
    http://www.medhomeplus.org/MAT/.

To successfully complete this course, you must:
- Pass a skill demonstration
- Be able to read and write in English well enough to understand the health care providers’ written instructions and the parents/caregivers’ written permissions
- Be able to write down that you have given the medication
- Be able to read, understand and follow step-by-step instructions for the safe administration of the medication
- Have current certification in first aid and cardiopulmonary resuscitation (CPR)

Skill Demonstration
You will practice administering the epinephrine auto-injector to help you prepare. Your MAT trainer will watch you do the skill demonstration. If you don’t pass on your first try, you can try again. If you don’t pass on your second try, you must take the MAT EPI course again if you wish to be MAT EPI certified.

Handouts
There is a lot of information covered in this course, both on video and in your handouts. You do not need to memorize the information in the training. The information provided on the video is also in your handouts. These handouts are yours to keep and you can use them throughout the training and in your program. Handouts are sometimes updated with new information. The most current version of all of the MAT EPI handouts is available on the MAT Online Learning Center at http://mat-elearn.medhomeplus.org.
**MAT Curriculum Forms**
Your MAT EPI handouts include forms approved by the BON/VDSS. These forms are updated periodically. You can check the MAT website at [www.medhomeplus.org/MAT](http://www.medhomeplus.org/MAT) for the most current version.
Individual Health Care Plan for a Child with Special Health Care Needs

Working in collaboration with the child’s parent/guardian and child’s health care provider, the following health care plan was developed to meet the individual needs of:

<table>
<thead>
<tr>
<th>Child’s name:</th>
<th>Child’s date of birth:</th>
</tr>
</thead>
</table>

Name of the child’s health care provider:  
- [ ] Physician  
- [ ] Physician Assistant  
- [ ] Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child’s health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment.

Identify the program staff who will provide care to this child with special health care needs:

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials or Professional License Information*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe any additional training, procedures or competencies the staff identified will need to carry out the health care plan for the child with special health care needs as identified by the child’s parent and/or the child’s health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Handout 9.5

Signature of Authorized Program Representative:

I understand that it is my responsibility to follow the above plan and all health and infection control day care regulations related to the modality of care I provide. This plan was developed in close collaboration with the child’s parent and the child’s health care provider. I understand that it is my responsibility to see that those staff identified to provide all treatments and administer medication to the child listed in the specialized health care plan have a valid MAT certificate, CPR and first aid certifications or have a license that exempts them from training; and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

<table>
<thead>
<tr>
<th>Provider/Facility Name:</th>
<th>Facility address:</th>
<th>Facility Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized child care provider’s name (please print)</td>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>

Authorized child care provider’s signature:

Signature of Parent or Guardian:

Date:

Signature of Health Care Provider:

Date:
Matching the Five Rights

Giving medication is a very serious part of your job. To give medication, you must match the medication, time, dose, route and child’s first and last names written on the medication label or over-the-counter package to the information written on the consent form to be sure you’re giving the medication correctly. This is called matching the Five Rights.

Remember the following when matching the Five Rights to give medication:

**Right Medication**
- Make sure the medication and strength listed on the label of the container exactly matches the medication and strength listed in Box 4 on the Consent Form. Epinephrine auto-injectors are usually inside a box with a pharmacy label on it. Always take the auto-injector out of the labeled box and match the medication name on the auto-injector with the Consent Form, including the strength.

**Right Time**
- Epinephrine is given when the child needs it instead of at a specific hour. Match the symptoms information written in Box 7 on the Consent Form and make sure it matches the symptoms the child is having.

**Right Dose**
- Match the dose written on the Consent Form with the dose written on the pharmacy label on the epinephrine auto-injector package and the dose you are about to give to the child.

**Right Route**
- Match the route written on the Consent Form with the route written on the pharmacy label on the epinephrine package and the way you are about to give the medication to the child.

**Right Child**
- Match the child’s first and last names written on the Consent Form with the child’s name that is written on the auto-injector and the name of the child you are about to give the medication to.
**Medication Consent Form**

- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less. Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- Health care provider MUST complete #1-#18 for medication to be administered more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”. Parent must also complete #19-#22 in these cases. Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.

<table>
<thead>
<tr>
<th>1. Child’s first and last name:</th>
<th>2. Date of birth:</th>
<th>3. Child’s known allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Name of medication (including strength):</th>
<th>5. Amount/Dosage to be given:</th>
<th>6. Route of administration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7A. Frequency:**

- To administer

**OR**

**Specific Time(s):** (e.g. 1 p.m.): __________________________

*Parent’s signature approving Specific Time(s) ___________________________

**7B. Identify the symptoms that will necessitate administration of medication:** (signs and symptoms must be observable and, when possible, measurable parameters).

<table>
<thead>
<tr>
<th>8. Possible side effects:</th>
<th>□ See package insert (parent must supply) AND/OR additional side effects:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. What action should the child care provider take if side effects are noted:</th>
<th>10. Special instructions:</th>
<th>□ See package insert (parent must supply) AND/OR Additional special instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Contact parent</td>
<td>(Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.)</td>
<td></td>
</tr>
<tr>
<td>□ Other (describe):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Reason the child is taking the medication: (unless confidential by law):</th>
<th>12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ No □ Yes If you checked yes, complete #25 and #27 on the back of this form.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?</th>
<th>14. Date consent form completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes If you checked yes, complete #26 and #27 on the back of this form.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Date to be discontinued or length of time in days to be given: (this date cannot exceed 12 months from the date authorized or this order will not be valid):</th>
<th>16. Prescriber’s name (please print):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Prescriber’s telephone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Licensed authorized prescriber’s signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.

Version 12/31/17 This is a double-sided form
**PARENT/GUARDIAN MUST COMPLETE THIS SECTION**

19. I, parent/legal guardian, authorize the day care program to administer the medication as specified on this form to __________________________ (child’s name) __________________________ __________________________ __________________________

20. Parent or legal guardian’s name (please print): __________________________ Date authorized: __________________________

22. Parent or legal guardian’s signature: __________________________

**PARENT/GUARDIAN: ONLY COMPLETE THIS SECTION IF YOU REQUEST TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15**

23. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on __________________________ (date) __________________________. Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

24. Parent or Legal Guardian’s Signature: __________________________

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED**

25. Describe any additional training, procedures or competencies the day care program staff will need to care for this child. __________________________

26. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE: __________________________

By completing this section the day care program will follow the written instruction on this form and not follow the pharmacy label until the new prescription has been filled.

27. Licensed Authorized Prescriber’s Signature: __________________________

**CHILD DAY PROGRAM TO COMPLETE THIS SECTION**

28. Provider/Facility name: __________________________

29. Facility/Phone Number: __________________________

I have verified that #1-#22 and, if applicable, #25-#27 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

30. Authorized child care provider’s name (please print): __________________________ Date received from parent: __________________________

32. Authorized child care provider’s signature: __________________________
**Medication Consent Form**

- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less. Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- Health care provider MUST complete #1-#18 for medication to be administered more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”. Parent must also complete #19-#22 in these cases. Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.

**Handout 2.3**

<table>
<thead>
<tr>
<th>1. CHILD’s first and last name:</th>
<th>2. Date of birth:</th>
<th>3. Child’s known allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jose Rodriguez</td>
<td>6/23/2009</td>
<td>Bee and wasp stings, peanuts, pet dander, dust</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Name of MEDICATION (including strength):</th>
<th>5. Amount/DOSAGE to be given:</th>
<th>6. ROUTE of administration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine 0.3mg (EpiPen)</td>
<td>1 injection</td>
<td>Injection in outer thigh</td>
</tr>
</tbody>
</table>

7A. **FREQUENCY:** ______________________ or **Specific TIME(s)** (e.g. 1 p.m.): ______________________

**Parent’s signature approving Specific Time(s):______________________________**

**OR**

7B. Identify the **symptoms that will necessitate administration** of medication: (signs and symptoms must be observable and, when possible, measurable parameters). Severe swelling of the face and/or throat, severe difficulty breathing

8. **Possible side effects:** X See package insert (parent must supply) AND/OR additional side effects:

9. What action should the child care provider take if side effects are noted:
   - X Contact parent
   - □ Other (describe): Contact prescriber at phone number provided below

10. **Special instructions:** □ See package insert (parent must supply) AND/OR Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.)

11. **Reason the child is taking the medication** (unless confidential by law): Allergies

12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally?
   - X No  □ Yes  If you checked yes, complete #25 and #27 on the back of this form.

13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?
   - X No  □ Yes  If you checked yes, complete #26 and #27 on the back of this form.

14. **Date consent form completed:** 6/10/CY (current year)

15. **Date to be discontinued or length of time in days to be given** (this date cannot exceed 12 months from the date authorized or this order will not be valid): 6/10/NY

16. **Prescriber’s name** (please print): Joe Black, MD  
17. **Prescriber’s telephone number:** (555) 555-5555

18. **Licensed authorized prescriber’s signature:** Joe Black, MD

Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.

Version 12/31/17  
This is a double-sided form
**PARENT/GUARDIAN MUST COMPLETE THIS SECTION**

19. I, parent/legal guardian, authorize the day care program to administer the medication as specified on this form to Jose Rodriguez (child’s name).

20. Parent or legal guardian’s name (please print):  
   Rose Rodriguez

21. Date authorized:  
   6/10/CY

22. Parent or legal guardian’s signature: Rose Rodriguez

**PARENT/GUARDIAN: ONLY COMPLETE THIS SECTION IF YOU REQUEST TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15**

23. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on  
   _______________________. Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

24. Parent or Legal Guardian’s Signature:

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED**

25. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

26. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.
   DATE: _______________________
   By completing this section the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

27. Licensed Authorized Prescriber’s Signature:

**CHILD DAY PROGRAM TO COMPLETE THIS SECTION**

28. Provider/Facility name:  
   ABC Child Care

29. Facility Phone Number:  
   777-777-7777

I have verified that #1-#22 and, if applicable, #25-#27 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

30. Authorized child care provider’s name (please print):  
   Chris Martin

31. Date received from parent:  
   6/10/CY

32. Authorized child care provider’s signature:  
   Chris Martin
Giving Medication Safely

Always have any supplies you may need, such as gloves, tissues, etc., available at the medication administration area before starting the medication administration process. Here are the steps to follow to give epinephrine auto-injector medication safely:

1. **Getting ready to give the medication:**

   - Make sure that you know the first and last name of the child. Ask a staff member who works directly with the child if you are not sure of the child’s name.

   - Get the child’s Medication Consent Form and the child’s epinephrine auto-injector. Quickly match the Five Rights on the EpiPen prescription label to the Consent Form.
     - □ medication □ time □ dose □ route □ child’s full name

   - Check the expiration date on the auto-injector to make sure it has not expired.

2. **Giving the medication:**

   - Give the medication by following the Procedure Guide (Handout 3.3) for the correct steps to administer it.

3. **Writing down that you gave the medication:**

   - Immediately after giving the dose, match the Five Rights.
     - □ Medication □ time □ dose □ route □ child’s full name

   - Then immediately write down that you gave the medication in the child’s Log of Medication Administration.
Log of Medication Administration

- Use this form to document all medication administered in the child day program.
- This form must be kept with the child’s medication consent form.
- Any medication errors (such as incorrect dose given) must be documented on the back of this form and on the MAT Medication Error Reporting Form.
- If the child refuses or vomits up a dose, this is not a medication error, but the missed dose should be documented on the back of this form and the parent should be notified.

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>MEDICATION (and strength)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>
Complete this section for any medication dose that was not given as written on the child’s medication consent form.

<table>
<thead>
<tr>
<th>Date and time of missed dose or error</th>
<th>Details of missed dose or medication error (included reason error occurred)</th>
<th>Parents notified (date and time)</th>
<th>Signature of Provider / Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

---

Version 12/31/17 This is a double-sided form
- Use this form to document all medication administered in the child day program.
- This form must be kept with the child’s medication consent form.
- Any medication errors (such as incorrect dose given) must be documented on the back of this form and on the MAT Medication Error Reporting Form.
- If the child refuses or vomits up a dose, this is not a medication error, but the missed dose should be documented on the back of this form and the parent should be notified.

**CHILD’S NAME**: Jose Rodriguez

**MEDICATION (and strength)**: Epinephrine 0.3mg (EpiPen)

<table>
<thead>
<tr>
<th>Date Given (M/D/Y)</th>
<th>Dose</th>
<th>Route</th>
<th>Time (AM or PM)</th>
<th>Administered by (full signature and print name)</th>
<th>Any Noted Side Effects</th>
<th>Were parents notified?</th>
<th>The symptoms the child had that indicated that the medication was needed</th>
<th>Were parents notified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/15/CY</td>
<td>1 injection</td>
<td>Injection in outer left thigh</td>
<td>10:00 AM □ PM □</td>
<td><strong>Chris Martin</strong>&lt;br&gt;Chris Martin</td>
<td>Yes □ No □</td>
<td>Severe swelling of throat with severe difficulty breathing</td>
<td>Yes X No □</td>
<td></td>
</tr>
</tbody>
</table>
Complete this section for any medication dose that was not given as written on the child’s medication consent form.

<table>
<thead>
<tr>
<th>Date and time of missed dose or error</th>
<th>Details of missed dose or medication error (included reason error occurred)</th>
<th>Parents notified (date and time)</th>
<th>Signature of Provider / Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Anaphylaxis

Anaphylaxis is a severe allergic reaction that affects the whole body. The child will get worse quickly and the symptoms could become life-threatening. Here are some common things that can cause a severe allergic reaction in children:

- Insect or bee venom from bites or stings
- Nuts
- Some medications, especially antibiotics
- Berries
- Eggs
- Wheat
- Milk
- Soy

Look for the following symptoms of anaphylaxis so you can act fast:

- Difficulty breathing
- Difficulty swallowing
- Wheezing
- Swelling in mouth, tongue and throat
- Sever swelling in the hands, face, lips, tongue and mouth
- Red, itchy, raised patches of skin (hives) across large portion of body
- Massive itching
- Severe vomiting
- Severe diarrhea
- Severe abdominal cramps
- A metallic taste or itching in the mouth
- Rapid heartbeat or racing heart
- A sudden feeling of weakness or dizziness (feeling faint)
- Pale, cool and damp skin
- Passing out

If a child in your care shows any symptoms of anaphylaxis, **Call 911 immediately!**
EPIPEN- epinephrine injection
EPIPEN JR- epinephrine injection
Mylan Specialty L.P.

PATIENT INFORMATION and INSTRUCTIONS FOR USE

EPIPEN®
(epinephrine injection, USP) Auto-Injector 0.3 mg
EpiPen® = one dose of 0.3 mg epinephrine, USP 0.3 mg/0.3 mL

EPIPEN JR®
(epinephrine injection, USP) Auto-Injector 0.15 mg
EpiPen Jr® = one dose of 0.15 mg epinephrine, USP 0.15 mg/0.3 mL

For allergic emergencies (anaphylaxis)

Patient Information

Read this Patient Information Leaflet carefully before using the EpiPen® or EpiPen Jr® Auto-Injector and each time you get a refill. There may be new information. You, your parent, caregiver, or others who may be in a position to administer EpiPen or EpiPen Jr Auto-Injector, should know how to use it before you have an allergic emergency.

This information does not take the place of talking with your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about the EpiPen and EpiPen Jr?

1. EpiPen and EpiPen Jr contain epinephrine, a medicine used to treat allergic emergencies (anaphylaxis). Anaphylaxis can be life threatening, can happen within minutes, and can be caused by stinging and biting insects, allergy injections, foods, medicines, exercise, or unknown causes.

Symptoms of anaphylaxis may include:
• trouble breathing
• wheezing
• hoarseness (changes in the way your voice sounds)
• hives (raised reddened rash that may itch)
• severe itching
• swelling of your face, lips, mouth, or tongue
• skin rash, redness, or swelling
• fast heartbeat
• weak pulse
• feeling very anxious
• confusion
• stomach pain
• losing control of urine or bowel movements (incontinence)
• diarrhea or stomach cramps
• dizziness, fainting, or “passing out” (unconsciousness)
2. Always carry your EpiPen or EpiPen Jr with you because you may not know when anaphylaxis may happen.

Talk to your healthcare provider if you need additional units to keep at work, school, or other locations. Tell your family members, caregivers, and others where you keep your EpiPen or EpiPen Jr and how to use it before you need it. You may be unable to speak in an allergic emergency.

3. When you have an allergic emergency (anaphylaxis)
   - Use the EpiPen or EpiPen Jr right away.
   - Get emergency medical help right away. You may need further medical attention. You may need to use a second EpiPen or EpiPen Jr if symptoms continue or recur. Only a healthcare provider should give additional doses of epinephrine if you need more than 2 injections for a single anaphylaxis episode.

What are EpiPen and EpiPen Jr?
- EpiPen and EpiPen Jr are disposable, prefilled automatic injection devices (auto-injectors) used to treat life-threatening, allergic emergencies including anaphylaxis in people who are at risk for or have a history of serious allergic emergencies. Each device contains a single dose of epinephrine.
- EpiPen and EpiPen Jr are for immediate self (or caregiver) administration and do not take the place of emergency medical care. You should get emergency help right away after using EpiPen and EpiPen Jr.
- EpiPen and EpiPen Jr are for people who have been prescribed this medicine by their healthcare provider.
- The EpiPen Auto-Injector (0.3 mg) is for patients who weigh 66 pounds or more (30 kilograms or more).
- The EpiPen Jr Auto-Injector (0.15 mg) is for patients who weigh about 33 to 66 pounds (15 to 30 kilograms).
- It is not known if EpiPen and EpiPen Jr are safe and effective in children who weigh less than 33 pounds (15 kilograms).

What should I tell my healthcare provider before using the EpiPen or EpiPen Jr?
Before you use EpiPen or EpiPen Jr, tell your healthcare provider about all your medical conditions, but especially if you:
- have heart problems or high blood pressure
- have diabetes
- have thyroid problems
- have asthma
- have a history of depression
- have Parkinson’s disease
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if epinephrine will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if epinephrine passes into your breast milk.
Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Tell your healthcare provider of all known allergies.

Especially tell your healthcare provider if you take certain asthma medicines.

EpiPen or EpiPen Jr and other medicines may affect each other, causing side effects. EpiPen or EpiPen Jr may affect the way other medicines work, and other medicines may affect how EpiPen or EpiPen Jr works.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

Use your EpiPen or EpiPen Jr for treatment of anaphylaxis as prescribed by your healthcare provider, regardless of your medical conditions or the medicines you take.

How should I use EpiPen and EpiPen Jr?

• Each EpiPen or EpiPen Jr Auto-Injector contains only 1 dose of medicine.  
  • EpiPen or EpiPen Jr should be injected into the middle of your outer thigh (upper leg). It can be injected through your clothing if needed. 
  • Read the Instructions for Use at the end of this Patient Information Leaflet about the right way to use EpiPen and EpiPen Jr. 
  • Your healthcare provider will show you how to safely use the EpiPen or EpiPen Jr Auto-Injector. 
  • Use your EpiPen or EpiPen Jr exactly as your healthcare provider tells you to use it. You may need to use a second EpiPen or EpiPen Jr if symptoms continue or recur. Only a healthcare provider should give additional doses of epinephrine if you need more than 2 injections for a single anaphylaxis episode. 
  • Caution: Never put your thumb, fingers, or hand over the orange tip. Never press or push the orange tip with your thumb, fingers, or hand. The needle comes out of the orange tip. Accidental injection into finger, hands or feet may cause a loss of blood flow to these areas. If this happens, go immediately to the nearest emergency room. Tell the healthcare provider where on your body you received the accidental injection. 
  • Your EpiPen and EpiPen Jr Auto-Injector may come packaged with an EpiPen Trainer and separate Trainer Instructions for Use. The EpiPen Trainer has a grey color. The grey EpiPen Trainer contains no medicine and no needle. Periodically practice with your EpiPen Trainer before an allergic emergency happens to make sure you are able to safely use the real EpiPen and EpiPen Jr Auto-Injector in an emergency. Always carry your real EpiPen or EpiPen Jr Auto-Injector with you in case of an allergic emergency. Additional training resources are available at www.epipen.com. 
  • Do not drop the carrier tube or auto-injector. If the carrier tube or auto-injector is dropped, check for damage and leakage. Dispose of the auto-injector and carrier tube, and replace if damage or leakage is noticed or suspected.

What are the possible side effects of the EpiPen and EpiPen Jr?

EpiPen and EpiPen Jr may cause serious side effects.
  • The EpiPen or EpiPen Jr should only be injected into the middle of your outer thigh (upper leg). Do not inject the EpiPen or EpiPen Jr into your: 
    • veins
• buttocks
• fingers, toes, hands, or feet

If you accidentally inject EpiPen or EpiPen Jr into any other part of your body, go to the nearest emergency room right away. Tell the healthcare provider where on your body you received the accidental injection.

• Rarely, patients who have used EpiPen or EpiPen Jr may develop infections at the injection site within a few days of an injection. Some of these infections can be serious. Call your healthcare provider right away if you have any of the following at an injection site:
  • redness that does not go away
  • swelling
  • tenderness
  • the area feels warm to the touch
• Cuts on the skin, bent needles, and needles that remain in the skin after the injection, have happened in young children who do not cooperate and kick or move during an injection. If you inject a young child with EpiPen or EpiPen Jr, hold their leg firmly in place before and during the injection to prevent injuries. Ask your healthcare provider to show you how to properly hold the leg of a young child during injection.

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you use your EpiPen or EpiPen Jr. Talk to your healthcare provider about all your medical conditions.

Common side effects of EpiPen and EpiPen Jr include:
  • fast, irregular or “pounding” heartbeat
  • sweating
  • headache
  • weakness
  • shakiness
  • paleness
  • feelings of over excitement, nervousness or anxiety
  • dizziness
  • nausea or vomiting
  • breathing problems

These side effects may go away with rest. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of the EpiPen or EpiPen Jr. For more information, ask your healthcare provider or pharmacist.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store EpiPen and EpiPen Jr?
  • Store EpiPen and EpiPen Jr at room temperature between 68° to 77° F (20° to 25° C).
  • Protect from light.
  • Do not expose to extreme cold or heat. For example, do not store in your vehicle’s glove box and do not store in the refrigerator or freezer.
• Examine the contents in the clear window of your auto-injector periodically. The solution should be clear. If the solution is discolored (pinkish or brown color) or contains solid particles, replace the unit.
• Always keep your EpiPen or EpiPen Jr Auto-Injector in the carrier tube to protect it from damage; however, the carrier tube is not waterproof.
• The blue safety release helps to prevent accidental injection. Keep the blue safety release on until you need to use EpiPen or EpiPen Jr.
• Your EpiPen or EpiPen Jr has an expiration date. Replace it before the expiration date.

Keep EpiPen and EpiPen Jr and all medicines out of the reach of children.

General information about the safe and effective use of EpiPen and EpiPen Jr

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. Do not use the EpiPen or EpiPen Jr for a condition for which it was not prescribed. Do not give your EpiPen or EpiPen Jr to other people.

This Patient Information Leaflet summarizes the most important information about EpiPen and EpiPen Jr. If you would like more information, talk to your healthcare provider. You can ask your pharmacist or healthcare provider for information about EpiPen and EpiPen Jr that is written for health professionals.

For more information and video instructions on the use of EpiPen and EpiPen Jr, go to www.epipen.com or call 1-800-395-3376.

What are the ingredients in EpiPen and EpiPen Jr?

**Active Ingredients:** Epinephrine

**Inactive Ingredients:** sodium chloride, sodium metabisulfite, hydrochloric acid, and water.

Important Information

• The EpiPen Auto-Injector has a yellow colored label.
• The EpiPen Jr Auto-Injector has a green colored label.
• The EpiPen Trainer has a grey color and contains no medicine and no needle.
• Your auto-injector is designed to work through clothing.
• The blue safety release on the EpiPen and EpiPen Jr Auto-Injector helps to prevent accidental injection of the device. Do not remove the blue safety release until you are ready to use it.
• Only inject into the middle of the outer thigh (upper leg). Never inject into any other part of the body.
• Never put your thumb, fingers, or your hand over the orange tip. The needle comes out of the orange tip.
• If an accidental injection happens, get medical help right away.
• Do not place patient information or any other foreign objects in the carrier tube with the Auto-Injector, as this may prevent you from removing the Auto-Injector for use.

Instructions for Use

EPIPEN®
(epinephrine injection, USP) Auto-Injector 0.3 mg
EpiPen® = one dose of 0.3 mg epinephrine, USP 0.3 mg/0.3 mL
EPIPEN JR®
(epinephrine injection, USP) Auto-Injector 0.15 mg
EpiPen Jr® = one dose of 0.15 mg epinephrine, USP 0.15 mg/0.3 mL

For allergic emergencies (anaphylaxis)

Read these Instructions for Use carefully before you use EpiPen or EpiPen Jr. Before you need to use your EpiPen or EpiPen Jr, make sure your healthcare provider shows you the right way to use it. Parents, caregivers, and others who may be in a position to administer EpiPen or EpiPen Jr Auto-Injector should also understand how to use it as well. If you have any questions, ask your healthcare provider.

Your EpiPen and EpiPen Jr Auto-Injector

A dose of EpiPen or EpiPen Jr® requires 3 simple steps: Prepare, Administer and Get emergency medical help

Step 1. Prepare EpiPen or EpiPen Jr for injection

Remove the EpiPen or EpiPen Jr from the clear carrier tube.
Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr carrier tube.
Tip and slide the auto-injector out of the carrier tube.

Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.

Note:
• The needle comes out of the orange tip.
• To avoid an accidental injection, never put your thumb, fingers or hand over the orange tip.
If an accidental injection happens, get medical help right away.

Step 2. Administer EpiPen or EpiPen Jr
If you are administering EpiPen or EpiPen Jr to a young child, hold the leg firmly in place while administering an injection.

Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
Swing and push the auto-injector firmly until it ‘clicks’. The click signals that the injection has started.

Hold firmly in place for 3 seconds (count slowly 1,2,3). The injection is now complete.

Remove the auto-injector from the thigh. The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it.
Massage the injection area for 10 seconds.

**Step 3. Get emergency medical help now. You may need further medical attention. You may need to use a second EpiPen or EpiPen Jr Auto-Injector if symptoms continue or recur.**

- Take your used auto-injector with you when you go to see a healthcare provider.
- Tell the healthcare provider that you have received an injection of epinephrine. Show the healthcare provider where you received the injection.
- Give your used EpiPen or EpiPen Jr Auto-Injector to the healthcare provider for inspection and proper disposal.
- Ask for a refill, if needed.

**Note:**
- The used auto-injector with extended needle cover will not fit in the carrier tube.
- EpiPen and EpiPen Jr are single-use injectable devices that deliver a fixed dose of epinephrine. The auto-injector cannot be reused. Do not attempt to reuse EpiPen after the device has been activated. It is normal for most of the medicine to remain in the auto-injector after the dose is injected. The correct dose has been administered if the orange needle tip is extended and the window is blocked.
- Your EpiPen and EpiPen Jr Auto-Injector may come packaged with an EpiPen Trainer and separate Trainer Instructions for Use. The EpiPen Trainer has a grey color. The grey EpiPen Trainer contains no medicine and no needle. Practice with your EpiPen Trainer, but always carry your real EpiPen or EpiPen Jr Auto-Injector in case of an allergic emergency.
- If you are administering EpiPen or EpiPen Jr to a young child, ask your healthcare provider to show you how to properly hold the leg in place while administering a dose.
- Do not try to take the EpiPen or EpiPen Jr Auto-Injector apart.

This Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration.

Manufactured for:

Mylan Specialty L.P., Morgantown, WV 26505, U.S.A. by Meridian Medical Technologies, Inc., Columbia, MD 21046, U.S.A., a Pfizer company

EpiPen® and EpiPen Jr® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned affiliate, Mylan Specialty L.P. of, Morgantown, WV 26505, U.S.A.

Copyright © 2017 Meridian Medical Technologies. All rights reserved.

Revised: 2/2017
MS:PIL:EPI:R3
0001984
Procedure Guide:
Giving Epinephrine by EpiPen® Auto-Injector

- Prepare the EpiPen auto-injector
  - Flip open the yellow cap of the EpiPen or the green cap of the EpiPen Jr. carrier tube.
  - Slide the auto-injector out of the carrier tube.
  - Grasp the auto-injector in your fist with the orange tip pointing downward.
  - With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.
  - NEVER put your thumb, fingers or hand over the orange tip.

- Give the medication
  - Have the child lie down.
  - Hold the auto-injector with the orange tip near the child’s outer thigh.
  - Swing and firmly push the orange tip against the outer thigh until you hear a click. Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (straight into) to the thigh.
  - Hold the EpiPen firmly in place against the thigh for 3 seconds to deliver the drug (count slowly “one – two – three”). The injection is now complete.

- Complete the injection process
  - Remove the auto-injector from the thigh. The orange tip will extend to cover the needle.
  - Massage the injection area for 10 seconds.

- Call 911 to get emergency medical help for the child right away.
  - Notify the child’s parent immediately after calling 911.
  - Observe the child until help arrives.
  - Send the used auto-injector and its case with the child to the emergency room.