

Name: _____

Date: _____

WILMINGTON PUBLIC SCHOOLS
WILMINGTON, MA

Life-threatening Allergies & Epinephrine Training - POST-TEST

I have previewed the WPS on-line Epinephrine Training Program – please initial here _____

1. Some common causes of allergic emergencies are:
 - a. Food
 - b. Insect Stings
 - c. Medication
 - d. Latex
 - e. Exercise
 - f. All of the above

2. Some symptoms of an anaphylaxis are:
 - a. Mouth: Itching, tingling, or swelling of lips, tongue, mouth
 - b. Skin: Hives, itchy rash, swelling of the face or extremities
 - c. Stomach: Nausea, abdominal cramps, vomiting, diarrhea
 - d. Throat: Tightening of throat, hoarseness, hacking cough
 - e. Lungs: Shortness of breath, repetitive coughing, wheezing
 - f. Heart: Thready pulse, low blood pressure, fainting, pale, blueness
 - g. All of the above

3. Correctly identifying the student for whom the Epinephrine is prescribed involves the SIX:
 - a. Rights: Right student, Right medication, Right dose, Right route, Right time, Right documentation
 - b. Wrongs: Unknown student, Any Epipen, Either dose, In the arm, Before reading Allergy Action Plan
 - c. Neither

4. TRUE or FALSE: The Allergy Action Plan is attached to the student’s Epinephrine device.

5. TRUE or FALSE: The directions for use of the Epipen/Auvi-Q are located on the Auto-injector.

6. TRUE or FALSE: Safe handling of an Epinephrine is extremely important in order to avoid accidental injury to care-giver

7. TRUE or FALSE: If the student’s Allergy Action Plan is activated, the School Nurse should be notified as soon as possible.

8. Once Epinephrine is administered, you should do the following:
 - a. Call 9-911
 - b. Specify the problem: A student is in anaphylaxis & was given Epinephrine
 - c. Specify entrance
 - d. Note time of Epinephrine administration & hand over to EMS upon arrival
 - e. Call parent to meet student at closest medical facility
 - f. All of the above

9. TRUE or FALSE: An Epinephrine auto-injector lasts for about 15 minutes

**Massachusetts Department of Public Health
Bureau of Family and community Health
School Health Unit**

EPINEPHRINE COMPETENCY SKILL CHECK LIST

Name and Title of Staff Person: _____

The following competencies have been demonstrated by staff person:

States the responsibilities of the school nurse for training and supervision _____

Identifies common causes of allergic emergencies _____

Describes general and student-specific warning signs of allergic emergency _____

Demonstrates how to activate the school's plan for responding to emergencies _____

Identifies student for whom the epinephrine is prescribed _____

Interprets accurately the emergency medication administration plan _____

Follows the directions on the medication administration plan _____

Reads the label on the epinephrine auto-injector, assuring the correct dosage _____

Demonstrates safe handling of epinephrine auto-injector _____

Demonstrates the correct procedure for giving epinephrine by auto-injector _____

Describes how to access emergency medical services, school nurse, student's
Parents (or other persons), student's physician _____

Comments:

Signatures: Supervised by _____ RN

Staff Person _____

Date: _____