



Skills Delegation Checklist for Unlicensed Assistive Personnel (UAP): Severe Allergy

Administration of Epinephrine Auto-Injector for Severe Allergic Reaction

Student Name: _____ **DOB:** _____ **Grade:** _____

School Nurse: _____ **School Year:** _____

Person Trained: _____ **Position:** _____

	Training & Demo Date	Review Date	Review Date	Review Date
Epinephrine Auto Injector	_____	_____	_____	_____

Initiates Emergency Response Protocol	Y N N/A	Y N N/A	Y N N/A	Y N N/A
Verifies medication order before administration	Y N N/A	Y N N/A	Y N N/A	Y N N/A
Identifies and states name of medication	Y N N/A	Y N N/A	Y N N/A	Y N N/A
Checks expiration date before administering	Y N N/A	Y N N/A	Y N N/A	Y N N/A
States the purpose for the medication	Y N N/A	Y N N/A	Y N N/A	Y N N/A
States symptoms of an anaphylactic reaction	Y N N/A	Y N N/A	Y N N/A	Y N N/A
States location of medication and Emergency Action Plan	Y N N/A	Y N N/A	Y N N/A	Y N N/A
Follows procedure for the administration of medication	Y N N/A	Y N N/A	Y N N/A	Y N N/A
Monitors response of medication	Y N N/A	Y N N/A	Y N N/A	Y N N/A
Responds appropriately to poor response to medication	Y N N/A	Y N N/A	Y N N/A	Y N N/A
	Nurse Signature	Nurse Signature	Nurse Signature	Nurse Signature
	UAP Signature	UAP Signature	UAP Signature	UAP Signature

Quarterly review acknowledge that the Unlicensed Assistive Personnel Listed above demonstrates the above listed skills for safe administration of an epinephrine auto-injector