



HUDSON VALLEY REGIONAL  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
103 Executive Drive, Suite 400  
New Windsor, NY 12553  
(845) 245-4292 Phone  
(845) 245-4181 Fax  
hvremSCO@hvremSCO.org  
www.hvremSCO.org

## Administration of Epinephrine Auto-Injectors by EMS Agencies

### Agency / Provider Information

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider NYS Certification Number: \_\_\_\_\_ Provider Level  EMT  AEMT  CC/Paramedic

Transporting Agency: \_\_\_\_\_

Patient Care Report Number#: \_\_\_\_\_

\*\*BLSFR Must Submit PCR Copy to HVREMSCO Office\*\*

### Patient Information

Gender:  Female  Male Patient Age: \_\_\_\_\_

Estimated weight of patient: \_\_\_\_\_

### Event Information

Type of Incident Resulting in need to Administer Epinephrine:

Bee Sting  Other Insect Bite  Asthma Attack  Food Allergy\*  Other\*

\*Specify \_\_\_\_\_

Time Epinephrine administered: \_\_\_\_\_ Number of Auto-Injectors Administrations: \_\_\_\_\_

Indicate Source of Epinephrine:  Agency Supply  Patient Prescription

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

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

Name and location of health care facility patient was transported to: \_\_\_\_\_

\*Return this form to the HVREMSCO Office at [hvremSCO@hvremSCO.org](mailto:hvremSCO@hvremSCO.org) or by fax at (845) 245-4181\*