



How to Use an Auto Injector

How to use EpiPen and EpiPen Jr (Epinephrine) Auto-Injectors:



Hold firmly with orange tip pointing downward.
Remove blue safety release.



Swing and push orange tip firmly into mid-outer thigh until you hear a 'click.'
Hold on thigh for 10 seconds.

How to use Twinject Auto-Injectors:

Step 1 – Make sure that the medicine is ready!

Examine your Twinject 0.3mg or Twinject 0.15mg regularly. It may not work if the medicine looks cloudy (has particles), pinkish, or more than slightly yellow, or if the expiration date has passed.

Step 2 – First Dose



1 – Pull of **GREEN** end cap marked [1] to see a **RED** tip. Never put thumb, finger or hand over the red tip.



2 – Pull off **GREEN** end cap marked [2].



3 – Place **RED** tip against mid thigh (injection can go through clothing).

4 – Press down hard until the needle enters thigh through skin – hold while slowly counting to 10.

5 – Remove auto-injector and check **RED** tip; if needle is exposed, dosage has been received. If not, repeats steps 3 and 4.

6 – Prepare for second dose.

CALL 911 or the closest emergency department as soon as you administer the first dose.

Step 3 – Prepare for Second Dose



1 – Unscrew and remove **RED** tip. Beware of the exposed needle.



2 – Holding **BLUE** hub at needle base, remove syringe from barrel.



3 – Slide **YELLOW** collar off plunger.

4 – **PAUSE HERE.** If the symptoms have not improved within 10 minutes of the first injection, proceed with steps 5 and 6.



5 – Put needle into thigh (upper leg).

6 – Push plunger down all the way.

Do not forget to give the used Twinject to a Healthcare Worker for proper disposal.

Do not throw it away in the trash.

After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. For more information, go to EpiPen.ca



Individual Anaphylaxis Plan



Child's Name: _____

This child has a potentially life threatening allergy (anaphylaxis) to:

- Peanut
- Insect Stings
- Latex
- Medication
- Legumes
- Tree Nuts
- Egg
- Milk
- Other: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked, bulk food or products with a "may contain" warning.

Epinephrine Auto-Injector Expiry Date: _____ / _____

Antihistamine Expiry Date: _____ / _____

Dosage: Epi Pen ____mg Twinject ____mg

Antihistamine Dosage: _____mg

Location of Auto-Injector / Antihistamine: _____

Child Self Carries Auto-Injector: Yes No

Asthmatic: Child is at greater risk. If child is having a reaction and has difficulty breathing, give Epinephrine Auto-Injector BEFORE Asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- Skin:** Hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing):** Wheezing, shortness of breath, throat, tightness, cough
- Gastrointestinal (stomach):** Nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart):** Pale blue coloured skin, weak pulse, passing out, dizzy, light headed

Act quickly. The first signs of a reaction can be mild, but symptoms worsen very quickly.

1. **Administer Epinephrine Auto-Injector** (eg. EpiPen, Twinject) and Antihistamine (if provided) at the first sign of a reaction.
Give a second dose (if applicable) in 10 to 15 minutes or sooner IF the reaction continues or worsens.
2. **Call 911.** Tell them that someone is having a life-threatening allergic reaction.
3. **Call parents/emergency contacts**
4. **Go to the nearest hospital** (educator accompanies child to hospital) even if symptoms are mild or have stopped.
5. **The child's Individual Emergency Plan and administered Auto Injector to accompany child to hospital and is given to medical personnel or child's parent for disposal.**

Monitoring and Avoidance Strategies:

I would like to attach additional information to my child's Individual Anaphylaxis Plan.

Parent/Guardian Signature *Date* **OR** *Physician's Signature* *Date*



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Anaphylaxis Educator Sign Off

I, _____, have trained _____ to administer an Auto-Injector for _____ . I authorize _____ to train all educator, volunteers and students at _____ to administer an Auto-Injector at time of an anaphylactic reaction as described on the Individual Emergency Plan.

Parent / Guardian Name Parent / Guardian Signature Date

YMCA Supervisor/Designate Name YMCA Supervisor/Designate Signature Date

Emergency Contact Information:

Table with 5 columns: Name, Relationship, Home Phone, Work Phone, Cell Phone

The above signed patient, parent or guardian authorizes YMCA Educator to administer Epinephrine to the above named in the event of an anaphylactic reaction. This protocol has been recommended by patients' physician.