

Genesee County Special Study Protocol

System Protocols

BASIC EMT & MFR EPI STUDY MEDICATION EPI-KIT CONTENTS AND EXCHANGE PROCEDURE

Date: September, 2016

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Basic EMT & MFR Epi Study Epi-Kit Contents and Exchange Procedure

- The cooperating hospital pharmacy will stock the GCMCA Epi-Kits in accordance with the Epi-Kit Contents List.
- Each life support agency (LSA) will be responsible for obtaining Epi-Kits from their medical control hospital.
- Each GCMCA Emergency Facility will acquire Epi-Kits for LSAs. The hospital will determine a reasonable and customary re-stocking fee to charge the LSA.
- The medical control hospital will dispose of expired epinephrine at no additional cost.
- The life support agency shall notify their medical control hospital pharmacy 30 days prior to expiration date of the epinephrine.
- The Epi-Kit should be inspected daily, by the crew of the unit, for evidence of loss, theft, tampering, and expiration. It is recommended that this inspection be included in a standard documented vehicle check.
- The EMS PCR shall serve as a permanent medical record of physician orders for medications administered. A copy of the corresponding patient care report (PCR) and a copy of the Basic EMT & MFR Epi Study Epi-Kit Replacement Form must be submitted to the GCMCA within 72 hours after Epi-Kit use in the field.

Epi-Kit Contents List

Medication / Item	Concentration	Packaging	Quantity
Epinephrine/ Vial	1 mg/1 mL	1 mg/1 mL Vial <i>(vial only)</i>	1
1 mL Syringe		1 mL Syringe	2
Intramuscular Needle		1" 25 Gauge	2
Alcohol Prep		Single Use	4
BEES Dosing Card			1
Replacement Form / Discrepancy Form			1

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Epi-Kit Procedure:

1. The epinephrine placed in the Epi-Kits shall be 1 mg/1 mL packaged in a 1 mL vial.
2. Labels shall be placed over the seal of the medication kits. Use the label template provided by the GCMCA. The label shall include:
 - a. Medication kit name, "Epi-Kit"
 - b. The name of the hospital pharmacy that last restocked the medication kit.
 - c. The date the kit was last restocked.
 - d. The legible initials of the pharmacist who inventoried and stocked the medication kit.
 - e. The earliest date at which the medication would expire.
3. The sealed Epi-Kits will be placed in a locked storage area in the Emergency Facility's emergency room, or a location designated by the Emergency Facility's pharmacy. Only staff designated by the participating pharmacy will have access to the Epi-Kits. A permanent record shall be maintained indicating the number on the Epi-Kit, the name of the LSA to whom the Epi-Kit was issued, and the name of the pharmacist or their designee, who received or dispensed the Epi-Kit.
4. Each participating GCMCA LSA will stock each of its BLS units with an Epi-Kit. In addition, each service will stock sufficient additional Epi-Kits. Additional Epi-Kits in stock at each LSA will serve as immediate replacements following Epi-Kit use in the field. Used Epi-Kits will be exchanged for new Epi-Kits, when convenient, at the Medical Control Hospital designated to facilitate kit exchanges for the Life Support Agency.
5. When epinephrine from the Epi-Kit is used, or whenever the pharmacy seal on the Epi-Kit has been broken, an Epi-Kit exchange is necessary. When exchanging an Epi-Kit, the provider will place a completed copy of the GCMCA Basic EMT & MFR Epi Study Epi-Kit Replacement Form in the Epi-Kit. **The BEES Dosing Card MUST be returned with the used Epi-Kit and replacement Form.** Each LSA representative responsible for performing the Epi-Kit exchange must ensure the BEES Dosing Card is included with the used kit, and returned to his or her Medical Control Hospital pharmacy. A replacement fee may apply for missing or lost cards. Any remaining epinephrine or Epi-Kit supplies should be returned to the life support agency's designated Medical Control Hospital pharmacy.
6. The used Epi-Kit, including the BEES Dosing Card and completed Epi-Kit replacement form, will be exchanged for a pharmacy-sealed Epi-Kit at the LSA's designated Medical Control Hospital. The ED coordinators at each participating

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Medical Control Hospital have been designated to facilitate the exchange between the participating LSAs and their respective pharmacies.

7. Any discrepancies in the Epi-Kit will be documented on the Basic EMT & MFR Epi Study Epi-Kit Incident/Discrepancy Form. If the EMS personnel discover the discrepancy at the time of use, another crewmember shall confirm the discrepancy and co-sign the Incident/Discrepancy Form. Incident/Discrepancy Forms completed by EMS personnel shall be submitted to their Medical Control Hospital pharmacy. Hospital pharmacists who note discrepancies in the Epi-Kit inventory, which are not accounted for on the Epi-Kit Replacement Form shall complete and sign a discrepancy report. If pharmacy is unable to resolve an incident/discrepancy issue, a copy of the Incident/Discrepancy Form shall be sent to the GCMCA. Medications that are contaminated, lost through spillage, or partially used must be accounted for by EMS personnel on the EMS PCR and Epi-Kit Replacement form and co-signed by another crewmember.
8. Locked and secure compartments or other locking devices approved by the department shall be provided on the EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional Epi-Kits stored at the LSA must also be locked using compartments or devices approved by the Department.

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GCMCA Basic EMT & MFR Epi Study Epi-Kit Replacement Form

AGENCY/UNIT _____ DATE _____ INCIDENT # _____

EMS CREW (NAMES) _____

Medication / Item	Concentration	Packaging	Quantity	Used
Epinephrine/ Vial	1 mg/1 mL	1 mg/1 mL Vial <i>(vial only)</i>	1	
1 mL Syringe		1 mL Syringe	2	
Intramuscular Needle		1" 25 Gauge	2	
Alcohol Prep		Single Use	4	
BEES Dosing Card			1	
Replacement Form / Discrepancy Form			1	

Patient Name: _____

Receiving Hospital: _____

Basic EMT & MFR Statement

Epi-Kit number _____ has been opened and the above noted medication(s) used as prescribed. This Epi-Kit has been sealed with a Used Epi-Kit sticker.

Use this table to document medication that has been opened and not used or opened and wasted.

Medication	Unit/Size	Quantity	Not Used/Wasted

Signature: _____ Date: _____

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GCMCA Basic EMT & MFR Epi Study Epi-Kit Incident/Discrepancy
Form

If there is any discrepancy with the contents of this medication kit, this form **MUST** be filled out by the person(s) who discover the discrepancy. The Life Support Agency shall maintain a copy of this for their records as well as send a copy to the GCMCA, the original shall be placed with the medication kit and the pharmacy must send the form and any supporting documentation to the GCMCA.

EMS Agency or Hospital Name:		Date Discovered:	
Reporting Individual(s) Name(s):			
Witness to Discrepancy:			
TYPE	Kit #		
<input type="checkbox"/> MFR/BLS Medication Kit			
RESTOCKING INFORMATION		RECEIVING INFORMATION	
Date Last Restocked:		Receiving Hospital:	
Restocking Hospital:		Receiving Pharmacist:	
Phone #		Phone #	
PLEASE INDICATE THE NATURE OF THE ISSUE			
<input type="checkbox"/> DAMAGED MEDICATION CONTAINER			
<input type="checkbox"/> MISSING MEDICATION(S)			
<input type="checkbox"/> STOCKING ISSUE (MED/SUPPLY)			
MEDICATION	DESCRIPTION STRENGTH/SIZE/VOLUME	QUANTITY # OF VIALS/AMPS	DISCREPANCY MISSING/BROKEN
<input type="checkbox"/> Epinephrine			
EMS RUN INFORMATION			
EMS AGENCY	UNIT #	RUN #	MCA
ADDITIONAL INFORMATION REGARDING MEDICATION BOX/PACK INCIDENT/DISCREPANCY			

This document should be faxed to the appropriate MCA: **Genesee County** 810-262-2556