

EpiPen®/EpiPen® Jr Prescription CHECKLIST

(Ac	Irenal	line) /	Auto-I	nject	tors	0.3m	g/0 .1	5mg
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Surname / Fir	st Name	Date of Birth	Date						
1	Have you diagnosed your pati or having already experienced reaction?	•	YES						
2	Is the patient or carer familiar when to administer adrenaline?								
C		ES , but not using e EpiPen®	○ NO						
	Continue with STEP 3	Continue with STEP 2	Continue with STEP 1						
	STEP 1: Have you explained to the patient how to act in case of allergen contact or development of anaphylactic symptoms and when to administer EpiPen® adrenaline?								
C	➤ Continue with STEP 2 STEP 2: Have you introduced EpiPen® and demonstrated the precise steps how to use the EpiPen® by using the EpiPen® trainer device and showing the EpiPen® "Demonstration Video (See back for more information)								
	YES								
	Continue with STEP 3								
	STEP 3: Have you asked the patient to demonstrate the handling of EpiPen® trainer device?								
C	YES								
3	Have you recommended to re repeat the self-training and to immediate associates?		YES						
4	Have you recommended to al 2 EpiPen® in case symptoms and a second dosage is need	do not improve	YES						
5	Have you advised the patient for the EpiPen® expiry date to their medication in time?		YES						



How to USE the EpiPen®/EpiPen® Jr

Remove the **EpiPen®** from the carry case. Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.



Pull off Blue Safety Cap. Grasp **EpiPen®** in dominant hand, with thumb nearest blue cap and form fist around **EpiPen®** and pull off the blue safety cap. **Remember: "Blue to the sky, orange to the thigh".**



Position Orange Tip. Hold the **EpiPen®/EpiPen® Jr** at a distance of approximately 10 cm away from the outer thigh. The orange tip should point towards the outer thigh.



Jab Orange Tip. Jab the **EpiPen**® firmly into outer thigh at a right angle (90° angle). Hold firmly against thigh for 3 seconds. **EpiPen**® should be removed and safely discarded. The orange needle cover will extend to cover the needle.



Dial 999. Dial 999, ask for ambulance and state "anaphylaxis".

Each EpiPen® can only be used once. If symptoms don't improve, you can administer a second EpiPen® after 5–15 minutes.

How to STORE EpiPen®/EpiPen® Jr

- Do not store the EpiPen® above 25°C and do not refrigerate or freeze it.
- Keep the container in the outer carton in order to protect from light. When exposed to air or light, adrenaline deteriorates rapidly and will become pink or brown.
- Please remember to check the contents of the glass cartridge in the **EpiPen**®Auto-Injector from time to time to make sure the liquid is still clear and colourless.
- Replace the EpiPen® Auto-Injector by the expiry date or earlier if the solution is discoloured or contains a
 precipitate.

EpiPen and EpiPen Jr. (adrenaline) Prescribing Information

Presentation: EpiPen delivers a single dose of 0.3mg of adrenaline BP 1:1000 (0.3ml) in a sterile solution. EpiPen Jr. delivers a single dose of 0.15mg adrenaline BP 1:2000 (0.3ml) in a sterile solution. 1.7ml of adrenaline remains in the auto-injector after activation. Indications: The auto injectors should be used only by a person with a history or an acknowledged risk of an anaphylactic reaction. The autoinjectors are indicated in the emergency treatment of allergic anaphylactic reactions. Anaphylaxis may be caused by insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis. Dosage and administration: ADULTS: Administration of 0.3mg adrenaline (EpiPen) intramuscularly. CHILDREN: The appropriate dosage may be 0.15mg (EpiPen Jr.) for children 7.5-25kg body weight and 0.3mg (EpiPen) adrenaline for children >25kg body weight, or at the discretion of the physician. EpiPen should only be injected into the anterolateral aspect of the thigh through clothing if necessary. An initial dose should be administered as soon as symptoms of anaphylaxis are recognised. A second injection with an additional EpiPen may be administered 5-15 minutes after the first injection, if indicated. It is recommended that patients are prescribed two EpiPen auto-injectors which they should carry at all times. As EpiPen is designed for emergency treatment, the patient should always seek immediate medical attention even if symptoms have disappeared. Contra-indications: There are no absolute contra-indications to the use of adrenaline in a life-threatening situation.

Precautions: Avoid the risk of inadvertent intravascular injection. DO NOT INJECT INTO THE

Precautions: Avoid the risk of inadvertent intravascular injection. DO NOT INJECT INTO THE BUTTOCKS. Accidental injection into the hands or feet may result in loss of blood flow to the affected areas. If there is an accidental injection into these areas, advise the patient to go immediately to the nearest A & E or hospital casualty department for treatment. All patients who are prescribed EpiPen should be thoroughly instructed to understand the indications for use and the correct method of administration. It is strongly advised to educate the patient's parents, caregivers, teachers, for the correct usage, in case support is needed in the emergency situation. In case of injection performed by a caregiver, patient's leg should be kept still to reduce risk of injection site injury. The needle should never be reinserted after use. In patients with a thick sub-cutaneous fat layer, there is a risk for adrenaline not reaching the muscle tissue resulting in a suboptimal effect. Use with extreme caution in patients with heart disease and those taking digitalis, mercurial diuretic or quinidine. Adrenaline should only be prescribed to these patients and the elderly if the potential benefit justifies the potential risk.

There is a risk of adverse reactions following adrenaline administration in patients with high intraocular pressure, severe renal impairment, prostatic adenoma leading to residual urine, hypercalcaemia and hypokalaemia. In patients with Parkinson's disease, adrenaline may be associated with a transient worsening of Parkinson's symptoms such as rigidity and tremor. The effects of adrenaline may be potentiated by tricyclic antidepressants and monoamine oxidase inhibitors. Adrenaline should be used in pregnancy only if the potential benefit justifies any potential risk to the foetus. The patient/carer should be informed about the possibility of biphasic anaphylaxis which is characterised by initial resolution followed by recurrence of symptoms some hours later. Asthmatic patients may be at increased risk of severe anaphylactic reaction. Patients should be warned regarding related allergens and investigated so that their specific allergens can be characterised. **Undesirable effects: Frequency not known:** May include injection site infection, palpitations, tachycardia, hypertension, undesirable effects on the central nervous system, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness, weakness, tremor, headache, apprehension, nervousness, anxiety and undesirable effects on the CNS. Cardiac arrhythmias may follow administration of adrenaline. Overdoses of adrenaline may cause cerebral haemorrhage or arrhythmias. **Rare:** Stress cardiomyopathy. For a complete list of warnings and adverse reactions, you should consult the Summary of Product Characteristics. **Package quantity and basic NHS price:** EpiPen and EpiPen Jr. are available as single unit doses at £26.45 each or as a twin pack of 2 Auto-Injectors at £52.90. **Product licence numbers:** EpiPen Auto-Injector PL 15142/0245

Marketing Authorisation Holder: Meda Pharmaceuticals Ltd, Skyway House, Parsonage Road, Takeley, Bishops Stortford, CM22 6PU.

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Mylan by phone: 0800 121 8267 or by email: ukpharmacovigilance@mylan.com

All instructions are the same for EpiPen & EpiPen Jr

