

**Auvi-Q™ INJECTION TRAINER
SKILLS CHECKLIST**

| SKILL | Performs skill in accordance to written guidelines | Requires further instruction & supervision |
|--|--|--|
| | Date | Date |
| 1. Identify symptoms of anaphylaxis (severe life-threatening reaction) | | |
| 2. Follow Emergency Action Plan for student | | |
| 3. Remain calm, reassure student. | | |
| 4. Direct an adult to call 911 | | |
| 5. Compare medication label to Physician's Authorization form to be ensure it is the: <ul style="list-style-type: none"> • Right child • Right medication • Right dosage • Right time • Right route • Check medication expiration date | | |
| 6. To minimize the risk of injection related injury when administering Auvi-Q to young children, hold the child's leg firmly in place and limit movement prior to and during injection. | | |
| 7. Activate the Auvi-Q™ trainer by removing the outer case and following the voice instructions. | | |
| 8. Pull off the RED safety cap | | |
| 9. Place the BLACK end against the outer thigh and press firmly until it clicks, may give through clothing. | | |
| 10. Hold on thigh for a 2 second countdown- Injection complete voice message. | | |
| 11. Remove Auvi-Q™. | | |
| 12. Note time of administration of auto injector and give used auto-injector unit to EMS. | | |

Initials in the space(s) above indicate: I have been trained by a District Registered Nurse and accept responsibility for performing tasks initialed above in accordance with the student's Physician Authorization form and Emergency Action Care Plan.

Trainee's Name _____ Signature _____ Initials _____ Date _____

Registered Nurse Signature _____ Initials _____ Date _____