

MFR/BLS EPI-KIT CONTENTS AND EXCHANGE PROCEDURE

Initial Date: June 13, 2019

Revised Date: Sept. 4, 2024

Section 9.6 (S3)

MFR & BASIC EMT Epi-Kit Contents and Exchange Procedure*This protocol only applies to LSAs that have been approved by HEMS to participate.*

- The cooperating hospital pharmacy will stock the HEMS 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.
- 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.

Epi-Kit Contents List

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

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 HEMS. 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 HEMS LSA will stock each of its MFR and/or 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 HEMS MFR & BASIC EMT Epi Study Epi-Kit Replacement Form in the Epi-Kit. **The MABEES 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 MABEES 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 MABEES 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

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 MFR & BASIC EMT 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 HEMS. 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.

HEMS MFR & BASIC EMT Epi-Kit Replacement Form

AGENCY/UNIT _____ DATE _____ INCIDENT # _____

EMS CREW (NAMES) _____

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	
MABEES Dosing Card			1	
Replacement Form / Discrepancy Form			1	

Patient Name: _____

Receiving Hospital: _____

MFR & BASIC EMT 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: _____

HEMS Medical Control Authority**MEDICATION SECTION****MFR/BLS EPI-KIT CONTENTS AND EXCHANGE PROCEDURE**

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HEMS MFR & BASIC EMT 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 HEMS, the original shall be placed with the medication kit and the pharmacy must send the form and any supporting documentation to the HEMS.

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: **HEMS 734 727-7281**