

ALLERGY COMPETENCY CHECKLIST

EMPLOYEE: _____ DATE: _____

PATIENT IS PROPERLY IDENTIFIED WITH CHART, DOB AND ACCOUNT #

VIALS ARE CONFIRMED WITH NAME, DOB AND ACCOUNT #
APPROPRIATE LEVELS OF VIALS ARE CONFIRMED.

PATIENT IS ASKED IF THEY HAVE EPI AND CURRENT EXPIRATION DATE CHECKED IN CHART
AND ON PEN.

CHART IS CHECKED FOR PROPER DOSE AND PATIENT ASKED IF ANY REACTIONS OR PROBLEMS WITH PAST
INJECTIONS.

PATIENT IS ASKED TO CHECK NAME AND DOB ON VIALS THEN INITIAL CHART.

INJECTION TECHNIQUE IS DEMONSTRATED COMPETENTLY.

ALLERGY FEE TICKET FILLED OUT ACCURATELY.

DOCUMENTATION OF CHART AND FORMS ARE COMPLETE.

VIALS ARE SALINED, MIXED, LABELED CORRECTLY WITH COLOR CODED LABELS AND DOTS AS NEEDED.

VIALS AND CHARTS ARE CHECKED FOR COMPLETE DOCUMENTATION AND LEVELS OF VIALS CHECKED.
(ONCE VIALS AND CHARTS CHECKED BOTH CAN BE FILED AND OR PUT AWAY)

MIXING AND LABELING TEST AND TREATMENT KITS HAS BEEN PERFORMED.

WHEN NOT TO ADMINISTER AN ALLERGY INJECTION OR PERFORM IDT HAS BEEN REVIEWED.

BETA BLOCKER AND ASTHMA PROTOCOL HAS BEEN REVIEWED.

KNOWLEDGE OF EMERGENCY TREATMENT PROTOCOL IS CERTAIN (SIGNS, SYMPTOMS OF SYSTEMIC ALLERGIC
REACTIONS) LOCAL, MILD, MODERATE AND SEVERE.

EMERGENCY SUPPLIES ARE INVENTORIED EFFICIENTLY.

SUPPLIES ARE STOCKED AND RE ORDERED AS NEEDED.

REFRIGERATOR TEMPERATURE LOG IS KEPT ACCURATELY.

VIAL EXPIRATION DATES ARE CONFIRMED AND REQUIRED LETTERS ARE MAILED.

COMPUTER KNOWLEDGE IS DEMONSTRATED COMPETENTLY.

PRE TESTING AND SCHEDULING PROTOCOL HAS BEEN PERFORMED COMPETENTLY.

TESTING PROTOCOL IS PERFORMED APPROPRIATELY.

PATIENT PROTOCOL AFTER TESTING IS PERFORMED.

TRAINING PATIENT FOR SELF INJECTIONS HAS BEEN PERFORMED.

RAST TEST: ORDERING THE TEST, CALCULATION, VIAL CHALLENGE AFTER RAST, WEEKLY INJECTIONS HAS BEEN REVIEWED.

ALL FORMS IN ALLERGY HAS BEEN REVIEWED.

A COPY OF PROTOCOL AND ALLERGY FORMS HAS BEEN GIVEN TO ME.

DISPOSAL OF SHARPS CONTAINERS HAS BEEN DISCUSSED.

DISINFECTION OF ALLERGY LAB HAS BEEN PERFORMED.

CLOSING OUT PROCEDURES HAS BEEN PERFORMED.