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# Introduction

This manual will serve as a reference guide to the On-Call Physician, as well as provide an overview of all agency training for the Check & Inject NY project.

Physician materials can be located and downloaded from:


This is a private, unpublished link, and is inaccessible from the main Check & Inject NY page. Please do not share this link with anyone not involved with the Check & Inject NY project to maintain the integrity of the documents.

The physician review number (1-844-EPI-CALL) should only be used for reporting actual Syringe Epinephrine Kit (SEK) administrations. Physicians are not expected to answer questions regarding Check & Inject NY training or project administration. Please refer any such phone calls to checkinjectny@mlrems.org or (585) 463-2900.

All questions not covered in this manual should be directed to checkinjectny@mlrems.org.
Rationale for SEK

Anaphylactic shock is a severe, life-threatening condition that can result from exposure to any number of triggers in an allergy-affected individual. Rapid administration of intramuscular epinephrine is the most effective method for the treatment of anaphylaxis. Given the potentially fatal nature of anaphylaxis, there is no debate about the absolute necessity for epinephrine onboard every ambulance. The New York State Department of Health (NYS DOH), following the recommendation of the State Emergency Medical Advisory Committee (SEMAC) issued Advisory 11-08 and 14-02 mandating that all certified ambulances must carry epinephrine to treat anaphylaxis, including Epinephrine Auto-Injectors (EAI) for all ambulances not guaranteed to operate at the advanced life support level (ALS).

The cost of EAI’s on ambulances to meet this policy is not inconsequential. In the last few years, the price of an EAI has increased, and by policy all ambulances must carry EAI for pediatric and adult patients at a cost of up to $1000 per ambulance. EAIs typically have expiration dates of 12-18 month following purchase, and as a result, the continuing budget for EAIs is significant.

Currently, the Bureau of EMS Policy only allows for ambulances with an Advanced Life Support provider onboard who is trained in intramuscular epinephrine injection to bypass the carrying of EAI. However, programs across the country, including the King County, Washington program that this program is modeled after, have demonstrated that EMTs are capable of safe and judicious use of a syringe epinephrine kit (SEK). These SEKs will cost significantly less than the cost of EAIs and may result in increased use by EMS providers. In addition to the increase in treatment of anaphylaxis, there are several reasons cited by the adopters of the SEK including the risk of EAI related injury, the cost of EAIs, and ease of educating providers on the use of the SEK.

This standardized training module reviews the causes, signs, symptoms, and treatment of anaphylaxis in adults and pediatrics. The module will also include proper drug administration to include safely drawing up the medication, site selection and preparation, medication administration, syringe disposal, and subsequent patient monitoring and management after epinephrine administration. Psychomotor skill practice and demonstration will be a required local competency of this training program.

The project was developed and implemented as a New York State Demonstration Project, with approval of the SEMAC and the New York State Department of Health Commissioner, Howard Zucker, MD, JD as required by 10 NYCRR Part 800.19. This project is open to any EMS agency which currently utilizes epinephrine auto injectors in their treatment protocols for a period of 18 months at which time the project will be reviewed, and the SEMAC will make a recommendation to the Commissioner of Health. The syringe epinephrine kits are not currently approved for use to agencies not enrolled as part of the demonstration project.
On-Call Check & Inject NY Physician

On-Call Expectations:

- Physicians will be expected to answer all incoming calls from 1-844-374-2255 (Grasshopper) regardless of time of day while scheduled on call.
- Any missed call will be returned in no more than 30 minutes from receipt of call.
  - iPhone and Android apps will be used to retrieve voicemail messages. Messages will be available in a transcribed and audio format for ease of retrieval.
  - A brief tutorial of those apps is included.
- A review of the training materials should be completed before your first on-call shift. The training materials are also hosted at a private link that should not be shared with anyone outside the Check & Inject NY project team members. That link is: www.mlrems.org/check-inject-ny/check-inject-ny-training-materials

RedCap Reporting

- Physicians will be required to enter debriefing information into the REDcap system at: www.redcap.urmc.rochester.edu/redcap/surveys/?s=3AJCDA9MHC
- A paper copy of the reportable information is available, but must be entered into the RedCap system within 8 hours of call receipt.
- RedCap reporting is the trigger to resupply used kits and is extremely time dependent.

Administrative:

- Call coverage will be a rotating weekly schedule (Monday 07:00 – Monday 07:00)
- You can expect one week every five weeks
- Schedules will be made quarterly – please review your schedule and report conflicts in a timely manner to checkinjectny@mlrems.org or (585) 423 – 2900.
- Any unscheduled lapse in coverage must be communicated to the Check & Inject project team.

- Physicians will receive a stipend for their on call time.
  - W-9 must be completed and on file
  - You must invoice your time to be paid
Check & Inject NY: Physician Grasshopper Voicemail System Instructions
(Apple screenshots are on the left - Android screenshots are on the right.)

1. All incoming phone calls from Check & Inject NY will come to your phone from the following phone number: **1-844-314-8855**
2. Download the Grasshopper App on your phone
3. Check your email; you will be given access to grasshopper to set up a password. Your user name will be the first letter of your first name and your last name (i.e. John Smith will be jsmith).
4. Sign into the app
5. Enter your mobile number. This is just to register your phone number with our Check & Inject account, it will not be listed as the outbound caller.
6. Choose your extension (On Call Physician)

7. Choose your outgoing number (the one listed will be the phone number that appears on the caller ID when you call out from within the app so your personal phone number is protected).
To Check Voicemail

1. From the main page, select messages
2. Click on the message to listen to the recording
3. With Apple, you can choose to either call back the number that they called from (if the same they left in the message) or use the Dialer to key in the phone number. On Android phones, you can use the call button to return the call to the number that made it, but the dialer option is on the previous screen.

4. Please delete the messages from the messages tab once you’ve addressed it so that we know it’s no longer outstanding.
### Physician Case Review

#### INCIDENT INFORMATION

<table>
<thead>
<tr>
<th>Date:</th>
<th>County:</th>
<th>Agency:</th>
<th>EMT #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Gender:</td>
<td></td>
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</tr>
<tr>
<td>Age:</td>
<td>M</td>
<td>F</td>
<td>Weight (kg):</td>
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</tbody>
</table>

#### CASE REVIEW

Was epinephrine administered prior to EMS arrival?  □ Yes  □ No

If yes, by whom?  □ HCP  □ Patient  □ Family/Friend/School  □ Other:

Suspected trigger:  □ Food  □ Insect sting  □ Environmental  □ Medication  □ Other:

Baseline vital signs:  Time at patient: _____:_____. HR_____ RR_____ BP_____/_____.  □ Not Taken

Symptoms:  (check all that apply)  □ Hypotension  □ Respiratory distress  □ Diffuse or progressive hives

□ Swelling  □ Stridor  □ GI  □ Other:

#### FIRST SEK DOSE

Dose administered:  □ 0.15 mg (P)  □ 0.3 mg (A)  Time of administration: _____:_____.

Location:  □ Thigh  □ Other

Post-injection:  HR_____ RR_____ BP_____/_____.  □ Not Taken

Level of provider:  □ EMT  □ AEMT  □ EMT-CC  □ Paramedic

#### SECOND SEK DOSE

Was a second dose administered?  □ Yes  □ No

Dose administered:  □ 0.15 mg (P)  □ 0.3 mg (A)  Time of administration: _____:_____.

Location:  □ Thigh  □ Other

Post-injection:  HR_____ RR_____ BP_____/_____.  □ Not Taken

Level of provider:  □ EMT  □ AEMT  □ EMT-CC  □ Paramedic

#### TRANSPORT

Primary care provided by:  □ BLS  □ ALS

Did ALS evaluate patient?  □ Yes  □ No

Were there any complications with administration?  □ Yes  □ No  (if yes, please explain below)

#### END PHONE CALL

### APPROPRIATE USE OF EPINEPHRINE

Was epinephrine administration indicated?  □ Yes  □ No

Do you have any concerns with administration?  □ Yes  □ No  (if yes, please explain below)
Physician Case Review Instructions

**Process:** Please use this link to access the Physician Case Review:

www.redcap.urmc.rochester.edu/redcap/surveys/?s=3AJCDA9MHC

This link will take you directly to the physician case review. When you have finished entering your information press the ‘submit’ button at the bottom of the page. If you need to save your data and finish entering information at another time, REDCap will allow you to do this and will walk you through this process. When entering information into a field, REDCap will automatically populate to match the letters you have written into the box.

If you experience any issues with REDCap please email Heather Lenhardt @ heather_lenhardt@urmc.rochester.edu Thank you for your help!
Physician Invoice

Name of Physician: ________________________________

Invoice Date: ________________________________

Description: Physicians on Call for Syringe Epinephrine Kit Study

<table>
<thead>
<tr>
<th>On Call</th>
<th>End Call</th>
<th># of Days on Call</th>
<th>Stipend/week</th>
<th>Total Amount</th>
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Total Amount to be paid for Quarter

$ ________

If you have any difficulty completing this invoice, please contact a Check & Inject NY team member.
Phone: 585-463-2900
Email: checkinjectny@mlrems.org