

# Oregon Pharmacist Immunization Emergency Kit Requirements

May 2019

## Required Documentation available on site:

- Immunization Training Certificate
- **You must be in possession of a Yellow Fever Stamp to administer this vaccine**
- Current Healthcare Provider CPR Card\*
- Copy of Adverse Events Protocol

## Required Equipment and Medications Maintained in a Separate Container:

### Medications (generic formulations acceptable):

- Epinephrine solutions:
  - 1 multi-dose vial (MDV) of 1:1000 Epinephrine and syringe  
**OR** **EXP: \_\_\_\_\_**
  - Epinephrine auto-injectors; 3 doses each of adult and pediatric size units  
**EXP: \_\_\_\_\_**

### Syringes: For Epinephrine injection **only**:

- 1-cc U-100 syringes, 22–25g, 1", 1½" needles for epinephrine administration

---

## Optional Medications and Equipment

- Diphenhydramine (Benadryl®): Keep 1 MDV or 2 SDV vials available
  - Injectable: 50 mg/mL IM
  - Syringes: For diphenhydramine injection only:
    - 3-cc syringes with 1–1½" needles for diphenhydramine (Benadryl®) administration
- Sphygmomanometer and Stethoscope: electronic devices must show current calibration and batteries as needed.

## Optional Medications and Equipment Cont.

- Hydroxyzine for use when diphenhydramine is unavailable
  - Liquid: 10 mg/5 mL or 25 mg/5 mL  
**EXP:** \_\_\_\_\_
  - Tablets: 10-mg or 25-mg  
**EXP:** \_\_\_\_\_
  - Capsules: 25-mg  
**EXP:** \_\_\_\_\_
  - Bottle of water for swallowing oral antihistamines  
**EXP:** \_\_\_\_\_

## Oxygen Supplies for Rural Areas or where 911 response may be delayed:

- O<sub>2</sub> Container **Level checked:** \_\_\_\_\_
- Nasal cannula: the regulator should not be set to exceed 6 liters of O<sub>2</sub>/minute
- An oxygen face mask/shield with one-way valve: the regulator should be set at 10–12 liters of O<sub>2</sub>/minute with a minimum of 5 liters of O<sub>2</sub>/minute
- Breathing bag with mask with O<sub>2</sub> regulator should be set between 12–15 liters/minute
- Oral airways: small, medium and large

**By signing below, I acknowledge that I have reviewed the Adverse Events Protocol & met all requirements:**

**Signature:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_

\*Note: Per OAR 855-019-0270: The pharmacist holds active CPR certification issued by the American Heart Association or the American Red Cross or any other equivalent program intended for a healthcare provider that contains a hands-on training component, is valid for not more than three years and is specific to the age and population the pharmacist treats.