

**WASHINGTON STATE BOARD OF PHARMACY  
CHECKLIST & REVIEW SHEET FOR  
EMERGENCY DRUG ANAPHYLACTIC REACTION KITS  
FOR NON-HOSPITALIZED PATIENTS**

For Review by Protocol Applicant and Board  
WAC 246-871-050(7)

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Practice Site, Address, & Phone #: \_\_\_\_\_

QUESTIONS	CHECKLIST	REVIEW
1. Does the protocol contain the names and quantities of the medications to be contained in the kit?		
2. Does the protocol contain a statement declaring the kit will stay with the nurse and not in the home?		
3. Is there a physician's standing order on the chart to utilize the kit?		
4. Is there a statement indicating the nurse has checked for patient allergies?		
5. Is there an outline on how the medications will be used?		
6. Is the anaphylactic kit checked at least every six months for expired drugs?		
7. Is there a system in place to review the use of medications?		
8. Are the pharmacist & pharmacy identified?		

Comments: \_\_\_\_\_

***FOR STAFF USE ONLY***

Renewal _____ New _____ Reviewer: _____ Renew by: _____
Staff Recommendation: Acceptance _____ Revision Needed _____ Board Agenda _____