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Just remove safety cap and press into thigh.


DESCRIPTION: The EpiPen Auto-Injectors contain 2 mL Epinephrine Injection USP, 1:1000 (0.3 mL) in a sterile solution. Each EpiPen Jr. Auto Injector delivers a single dose of 0.3 mg epinephrine from Epinephrine Injection, USP, 1:1000 (0.3 mL) in a sterile solution. Each 0.3 mL also contains: 1.8 mg sodium chloride, 0.5 mg sodium metabisulfite, hydrochloric acid to adjust pH, and Water for Injection. The pH range is 2.5-6.0.

CLINICAL PHARMACOLOGY: Epinephrine is a sympathomimetic drug, acting on both alpha and beta receptors. It is the drug of choice for the emergency treatment of anaphylactic reactions or life-threatening or less severe asthmatic episodes in certain individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, or hospital care. Despite these concerns, epinephrine is essential for the treatment of anaphylaxis. Epinephrine when given subcutaneously or intramuscularly has a rapid onset and short duration of action.

INDICATIONS AND USE: Epinephrine is indicated in the emergency treatment of allergic reactions or anaphylactic reactions in adults, children, and infants. It is also indicated in the treatment of cardiogenic shock, acute cardiogenic pulmonary edema, hypotension, or shock resulting from blood loss, and for treatment of asthma. Epinephrine is also indicated for the treatment of anginal pain, vasomotor rhinitis, pruritis, rashes, urticaria or angioedema. The EpiPen is designed as emergency supportive therapy only and is not a replacement or substitute for immediate medical evaluation and treatment of anaphylactic reactions.

CONTRAINdications: There are no absolute contraindications to the use of epinephrine in any of the above-mentioned situations.

WARNINGS: Epinephrine is light sensitive and should be stored in the tube provided. Do not store at temperatures above 30°C (86°F). Do not refrigerate. Before using, check to make sure solution in Auto-Injector is not discolored. If the Auto-Injector is stored in a darkened, cool environment, perform a monthly visual inspection. Avoid prolonged intramuscular administration. Use EpiPen Jr. for children weighing less than 44 pounds. Never use EpiPen Jr. for adults.

ADVERSE REACTIONS: Side effects of epinephrine may include palpitations, tachycardia, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness, weakness, tremor, headache, apprehension, nervousness, anxiety, and convulsions. Severe adverse reactions may include syncope, tachycardia, thready or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and pruritis. Epinephrine may cause cerebral hemorrhage resulting from a sharp rise in blood pressure. Fatalities may also result from pulmonary edema because of peripheral vascular constriction together with cardiac stimulation.

DOSAGE AND ADMINISTRATION: Usual epinephrine adult dose for allergic emergencies is 0.3 mg. For pediatric use, the appropriate dosage may be 0.15 or 0.30 mg depending upon the body weight of the patient. However, the prescribing physician must consider the age of the patient, the severity of the reaction, and the patient's history of epinephrine. The presence of a sulfite in this product should not deter the reactions for which this drug is being prescribed. With severe persistent anaphylaxis, repeat injections with an additional EpiPen may be necessary.

HOW SUPPLIED: EpiPen and EpiPen Jr. Auto-Injectors are available singly or in packages of twelve.
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CALL FOR ABSTRACTS

General Information
Submission Deadline: May 1, 1995

The National Association of EMS Physicians is now accepting abstracts for review for oral and poster presentation at the NAEMSP 1995 Mid-Year Meeting. Authors are urged to submit original work involving EMS or resuscitation research.

Abstracts accepted will be delivered in either a poster presentation or in a 10 minute oral slide presentation and the slide presentation will involve 5 minutes of questions and answers in a general session format.

Abstracts submitted and accompanying manuscript must not appear in a refereed journal prior to the publication of the meeting abstracts in Prehospital and Disaster Medicine and they must not have been presented previously at a national meeting.

All abstracts must be submitted on the official abstract form, and must be received no later than May 1, 1995.

Cash Award Information
Cash awards will be given for the Best Resident/Fellow Presentation, Best Scientific Presentation, and Best Poster Presentation. Awards will be presented at the 1995 Mid-Year Meeting.

To obtain official NAEMSP abstract forms, call the National Association of EMS Physicians at (412) 578-3222.
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EMS Program
University of Wisconsin–Madison
Madison, Wisconsin, USA

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April–June 1995

Prehospital and Disaster Medicine
Prehospital and Disaster Medicine wishes to express its deepest appreciation to the following individuals who have provided reviews during the past year.

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This is a fine opportunity for all persons, medical or non-medical, to participate in an international forum that provides an interdisciplinary approach to disaster planning and management, and facilitates exchanges between members of rescue, security, community and medical services. It is also an opportunity for exploration and wonder. Ask about pre- and post-conference tours!

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- Industrial Hazmat Incidents
- Coordination of Community Emergency Services
- War Injuries/Refugee Management
- Environmental Hazards
- Integrated Disaster Exercises
- Natural Disasters
- Civil Wars and Terrorism
- Hospital Management in Disasters
- Environmental Protection
- Transport Accidents
- Civil Defense Exercises

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9th World Congress on Emergency and Disaster Medicine
Jerusalem, Israel, May 28–June 2, 1995

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**Presenters**
Leading EMS Physicians from the local area and Walt A. Stoy, Ph.D.
Director of Educational Programs
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The Conference Meant to Unite the Physician Advisor and EMT-Basic Instructor

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EMERGENCY CARDIAC CARE UPDATE

The ninth annual Emergency Cardiac Care Update conference to be held in Montréal, Quebec Canada will feature the theme, "Communication: A Matter of Survival."

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A Northern oasis in the midst of the St. Lawrence River, Montréal is a magical island city mingling the glint of a North American metropolis with the tranquillity of a French village.

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Featured Topics

- CPR in perspective
- CPR Training
- Acute MI
- Stroke
- Psycho-social aspects of CPR
- Changing trends in public care
- "Spaced-out" medicine: new frontiers in ECC

Conference Purpose

Emergency Cardiac Care Update is the ninth in a series of biennial conferences on CPR and emergency cardiac care. It provides a dynamic forum for individuals interested in developing, improving, providing and expanding the horizon of CPR.

Conference Sponsors

The conference is sponsored by the following organizations: Citizen CPR Foundation Inc., American Heart Association, American Red Cross, European Resuscitation Council, Heart and Stroke Foundation of Quebec, Heart and Stroke Foundation of Canada and Jens Communications.

Who Should Attend

EMS personnel, laypersons, dispatchers, health care educators, BLS and ACLS instructors, physicians, health care providers and administrators, researchers, nurses, public information officers, the media and anyone interested in improving the quality of emergency cardiac care, including those concerned with ethics, pastoral care and social services.

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Call for Presentations

This conference has a tradition of featuring presentations in concurrent sessions from people who administer, provide, research and teach emergency cardiac care—people with innovative ideas and practical experience—as well as featured topics by national experts. Topics for the ECCU concurrent sessions will include the four links in the Chain of Survival: early access, early CPR, early defibrillation and early advanced cardiac life support. These are listed in the matrix below in conjunction with four categories of interest—science, education, ethics and issues in implementation.

Program Subject

<table>
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Individuals may submit proposals for concurrent session presentations, poster presentations or scientific abstract. All proposals received by August 1, 1995, will be evaluated by a presentation review committee. Recommendations from this committee will be reviewed by the conference planning committee, which will be responsible for the final selections. A limited number of proposals will be accepted for presentation during concurrent sessions. Applicants whose proposals are not accepted for concurrent session presentation may apply to present their work in poster format for display during the conference. Presentation application packets are available from:

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Request Form

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- Conference brochure and registration form
- Call for Presentation application packet

(Please note: the Call for Presentations deadline is August 1, 1995.)

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