

Report of Naloxone Administration

Student Demographics and Health History

School District: _____ Name of School: _____

Age: _____ Type of Person: Student Staff Visitor Gender: M F Transgender

Ethnicity: Spanish/Hispanic/Latino: Yes No

Race: American Indian/Alaskan Native African American Asian

Native Hawaiian/other Pacific Islander White Other

Signs of Overdose Present

Blue lips Breathing slowly Shallow breathing Slow pulse Unresponsive

Weak pulse Other (specify) _____

Suspected Overdose on What Drugs?

Heroin Benzos/Barbituates Cocaine/Crack Alcohol

Methadone Suboxone Don't Know Other (specify) _____

Naloxone Administration Incident Reporting

Date of occurrence: _____ Time of occurrence: _____

Vital signs: BP _____/____ Temp _____ Pulse _____ Respiration _____

Location where student was found:

Classroom Cafeteria Health Office Playground Bus Other (specify): _____

How was the naloxone given: Injected into muscle Sprayed into nose

Naloxone lot #: _____ Expiration date: _____

Naloxone administered by: (Name) _____

Was this person formally trained? Yes No Don't know

Parent notified of naloxone administration: (time) _____

Was a second dose of naloxone required? Yes No Unknown

If yes, was that dose administered at the school prior to arrival of EMS? Yes No Unknown

Approximate time between the first and second dose _____

Naloxone lot #: _____ Expiration date: _____

Person's Response to Naloxone

Combative Responsive/Angry Responsive but sedated Responsive and Alert No response to naloxone

Post-Naloxone Observations (Check all that apply)

None Seizure Vomiting Difficulty breathing Other (specify): _____

Other Actions Taken

Sternal rub Recovery position Rescue breathing Chest compressions Automatic defibrillator
 Yelled Shook the person Oxygen Other (specify): _____

Disposition

EMS notified at: (time) _____

Transferred to ER: Yes No Unknown

If yes, transferred via: Ambulance Parent/Guardian Other

Parent: At school Will come to school Will meet student at hospital Other: _____

Hospitalized: Yes If yes, discharged after _____ days No

Name of hospital: _____

Student/Staff/Visitor outcome:

School Follow-up

Did a debriefing meeting occur? Yes No

Recommendation for changes: Protocol change Policy change Educational change Information sharing None

Comments (include names of school staff, parent, others who attend debriefing):

Form completed by: _____ Date: _____

Title: _____

Phone number: (_____) _____ - _____ Ext.: _____

School District: _____

School address: _____