



# PUBLIC SAFETY/LAW ENFORCEMENT NALOXONE USE FORM

DATE	INCIDENT#	AGENCY	RESPONDING UNIT
PATIENT NAME			AGE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
INCIDENT LOCATION		DISPATCH TIME	PATIENT CONTACT TIME
INDICATIONS: <input type="checkbox"/> DECREASED RESPIRATIONS <input type="checkbox"/> ALTERED LEVEL OF CONSCIOUSNESS <input type="checkbox"/> SUSPICIOUS CIRCUMSTANCE FOR OPIOID USE <input type="checkbox"/> OTHER: _____			
BREATHING		NOT BREATHING	
RESCUE BREATHS GIVEN: <input type="checkbox"/> YES <input type="checkbox"/> NO  TIME NALOXONE ADMINISTERED: _____  AMOUNT GIVEN: _____ MG  RESPONSE: <input type="checkbox"/> IMPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> NO RESPONSE		CPR ADMINISTERED: <input type="checkbox"/> YES <input type="checkbox"/> NO  AED APPLIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, COMPLETE AED USE FORM</i>  VENTILATIONS PERFORMED: <input type="checkbox"/> YES <input type="checkbox"/> NO  TIME NALOXONE ADMINISTERED: _____  AMOUNT GIVEN: _____ MG  RESPONSE: <input type="checkbox"/> IMPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> NO RESPONSE	
PATIENT TRANSPORTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		BYSTANDER NALOXONE ADMINISTRATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESUMED SUSPECT AGENT/DRUG: _____			
COMMENTS:			
<b>This report must be returned to the EMS Agency by the 15<sup>th</sup> day of the month following the date of the call.</b>			
COMPLETED BY PRINT NAME		COMPLETED BY SIGNATURE	