

This form is to be completed by the provider who has administered Naloxone to a patient using the BLS Naloxone protocol. This form should be returned, to the EMSTAR training office within 24 hours of administration.

Run Information

Date of Call PCR # - Run # - Complaint # Transporting Agency/ALS Service Name if applicable

Level of Provider Administering Naloxone [] CFR/EMR [] EMT [] Paramedic [] LEO

Patient Information

Age: Gender: [] Male [] Female Blood Glucose (if obtained)

Circumstance Information

Initial Vital Signs: GCS: E__V__M__ Heart Rate: Blood Pressure: / Resp Rate & Effort: SPO2: Pupils: Final Vital Signs: GCS: E__V__M__ Heart Rate: Blood Pressure: / Resp Rate & Effort: SPO2: Pupils:

Airway Maintained by: [] Patient [] BVM [] NPA [] OPA

Suspected Agent/Medication ingested:

- 1. Was Naloxone administered to this patient? [] YES [] NO
2. How many doses were administered before the desired effect was achieved?
3. Times for Naloxone administration Dose 1 Dose 2
4. Were there any hazards to the crew? [] YES [] NO If yes, what were they?
5. Were there any complications with administration? [] YES [] NO If yes, what were they?
6. Was ALS response requested? [] YES [] NO ALS on scene? [] YES [] NO
7. Did ALS administer more Naloxone IV or IM? [] YES [] NO [] Unknown

Please provide any other pertinent information and/or comments about this encounter on the back of this page.