DEPARTMENT NAME: Naloxone Administration QA Audit

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  **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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □Combative □ Violent □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were there any complications with administration? □ YES □ NO If yes, what were they? □Respiratory Distress □ Vomiting □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was ALS response requested? □ YES □ NO ALS on scene? □ YES □ NO
3. Did ALS administer more Naloxone IV or IM? □ YES □ NO □ Unknown

Please provide any other pertinent information and/or comments about this encounter here:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Return to EMSTAR 1058 W. Church Street Elmira NY 14905 or education@emstar.org
 EMSTAR NAQA 4/2021