

Report of Naloxone Administration

Student Demographics and Health History

Student Name: _____ Name of School: _____

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

Ethnicity: Spanish/Hispanic/Latino: ☐ Yes ☐ No

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 Name: _____

School address: _____

Refer to Associated Documents:

HEA-P010 Suspected Student Drug Overdose –Opiod Antagonist (Narcan) Procedure