CCEMSA Naloxone Administration Report Form

Incident #___________  Date:  ____ / ____ / ____  Time of Incident: _________

Law Enforcement Agency: ________________________________

Officer Name & ID: __________________________________________

Location of Incident: _________________________________________

Gender of Subject: _______  Age of Subject: __________

Signs of Overdose present: (check all that apply)  [ ] Unresponsive  [ ] Breathing Slowly
[ ] Not Breathing  [ ] Blue Lips  [ ] Slow Pulse  [ ] Other _______________________

Overdosed on what drugs? (check all that apply)  [ ] Heroin  [ ] Alcohol  [ ] Methadone
[ ] Benzos/Barbiturates  [ ] Cocaine/crack  [ ] Suboxone  [ ] Any other opioid  [ ] Unknown
[ ] Other ________________________________

Subject’s Response:  [ ] Responsive & Alert  [ ] Responsive & Sedated  [ ] No Response

Disposition:  [ ] Transferred to Hospital  Name of Ambulance Service_____________________

Comments:_____________________________________________________________________

Return to CCEMSA: P.O. Box 11867, Fresno CA 93775-1867

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