

# Report of Naloxone Administration

## Student Demographics and Health History

School District: \_\_\_\_\_ Name of School: \_\_\_\_\_

Age: \_\_\_\_\_ Type of Person:  Student  Staff  Visitor Gender:  M  F  Transgender

Ethnicity: Spanish/Hispanic/Latino:  Yes  No

Race:  American Indian/Alaskan Native  African American  Asian

Native Hawaiian/other Pacific Islander  White  Other

## 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 District: \_\_\_\_\_

School address: \_\_\_\_\_