

Naloxone Administration Record

Must be completed with ANY Naloxone Administration

This is a report of Naloxone administration and should be completed by NDTR. Once completed, give a copy to Building Safety Administrator and forward the original completed form to the Student Support Services Attn: Nurse Supervisor.

General Information	
Building:	Location of Occurrence:
Patient Name:	Select one: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor
Date of Occurrence:	DTR Name (print):

Signs of Overdose Observed (check all that apply)	
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Shallow breathing
<input type="checkbox"/> Unable to wake	<input type="checkbox"/> Pale, clammy skin
<input type="checkbox"/> Infrequent or Absent breathing	<input type="checkbox"/> Pinpoint pupils
	<input type="checkbox"/> Blue lips or fingernails
	<input type="checkbox"/> Slow or irregular heartbeat
	<input type="checkbox"/> Deep snoring gurgling, or choking
Actions Taken	
Initial Emergency Medication given? <input type="checkbox"/> No <input type="checkbox"/> Yes Time: _____	Emergency Services (EMS) Called? <input type="checkbox"/> No <input type="checkbox"/> Yes
Rescue Breathing initiated? <input type="checkbox"/> No <input type="checkbox"/> Yes	CPR initiated? <input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Doses of Emergency Medication given? <input type="checkbox"/> No <input type="checkbox"/> Yes Time: _____	
(Describe observed symptoms):	
Other First Aid & Actions Taken: <input type="checkbox"/> Placed in Recovery position	
Post Naloxone Administration Observations	
Any apparent injuries (briefly describe)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Behaviors observed:	
Care transferred to EMS? <input type="checkbox"/> No <input type="checkbox"/> Yes	Emergency contacts notified? <input type="checkbox"/> No <input type="checkbox"/> Yes

Additional Checklist Items
<input type="checkbox"/> Notify Building Safety Administrator or Principal
<input type="checkbox"/> Complete and submit Injury/Illness/Accident Report as applicable
<input type="checkbox"/> Give a copy of this form to Building Safety Administrator & Building Registered Nurse
<input type="checkbox"/> Send original copy of this form to Student Support Services Attn: Health Services Supervisor

NDTR Signature

Date