

Law Enforcement Intranasal Naloxone (Narcan®) QA/QI Reporting Form

TO BE COMPLETED AFTER ALL FIELD ADMINISTRATION OF NALOXONE BY LAW ENFORCEMENT – PLEASE PRINT LEGIBLY

Officer: _____ Incident Date: _____

Incident Time: _____ Incident Location: _____

Transported by EMS? Yes Other Agency List Agency: _____

PATIENT INFORMATION Gender (Check one) Female Male Approximate Age _____

INITIAL ASSESSMENT INFORMATION

Mental Status: (Check one) Alert Verbal Only Responds to Painful Stimuli Unresponsive

Pupil Response: (Check one) Dilated Constricted Normal

Respirations: (Check one) Normal Shallow Labored/Agonal Absent Respiration Rate: _____

Airway Maintained By: Patent BVM Suctioning Needed Obstructed Airway

Why was Opioid Use/Overdose Suspected? Patient/Condition Paraphernalia Found Family/Bystander Stated
 First Responder Past History Other _____

POST ADMINISTRATION EVALUATION

1ST Dose Successfully Administered? Yes No Time of Naloxone Administration: _____

2ND Dose Successfully Administered? Yes No Time of Naloxone Administration: _____

Did the Patient's mental status improve after administration of Naloxone (Narcan®) Yes No

Did the Patient's Respiratory status improved after administration of Naloxone (Narcan®) Yes No

Where there any Complications after Administration of Naloxone (Narcan®) Yes No

IF yes indicate those that apply: Continued Respiratory Distress/Arrest

Vomiting

Combative/Decreased Mental Status

Other _____

Notes: _____

Signature (Administering Officer): _____ Badge # _____