

## LAW ENFORCEMENT ADMINISTRATION OF INTRANASAL **NALOXONE (NARCAN) REPORT**

Reporting Law Agency Officer Name  Time  Call Number Responding Fire Dept.  Call Address Responding Ambulance  Patient Name  Patient Date of Birth  Initial Assessment  Awake?		
Call Number	Reporting Law Agency	Date
Call Number		-
Call Address Responding Ambulance  Patient Name Patient Date of Birth  Initial Assessment  Awake?	Officer Name	Time
Call Address Responding Ambulance  Patient Name Patient Date of Birth  Initial Assessment  Awake?		
Call Address Responding Ambulance  Patient Name Patient Date of Birth  Initial Assessment  Awake?		
Patient Name   Patient Date of Birth    Initial Assessment   Awake?   Yes   No   Speech clear?   Yes   No   Approximate Breaths per Minute    Treatment Provided   Reposition Airway   Rescue Breathing     Yes   No   Yes   No   CPR   Administer Naloxone     Yes   No   Yes   No   Other    Assessment After Treatment   Awake?   Yes   No   Speech clear?   Yes   No	Call Number	Responding Fire Dept.
Patient Name   Patient Date of Birth    Initial Assessment   Awake?   Yes   No   Speech clear?   Yes   No   Approximate Breaths per Minute    Treatment Provided   Reposition Airway   Rescue Breathing     Yes   No   Yes   No   CPR   Administer Naloxone     Yes   No   Yes   No   Other    Assessment After Treatment   Awake?   Yes   No   Speech clear?   Yes   No		
Patient Name   Patient Date of Birth    Initial Assessment   Awake?   Yes   No   Speech clear?   Yes   No   Approximate Breaths per Minute    Treatment Provided   Reposition Airway   Rescue Breathing     Yes   No   Yes   No   CPR   Administer Naloxone     Yes   No   Yes   No   Other    Assessment After Treatment   Awake?   Yes   No   Speech clear?   Yes   No	Call Address	Responding Ambulance
No	our radioss	Tresponding / Imbalance
No		
No		
Awake?	Patient Name	Patient Date of Birth
Awake?		
Awake?		
Approximate Breaths per Minute  Treatment Provided  Reposition Airway  Yes No  CPR  Administer Naloxone  Yes No  Other  Assessment After Treatment  Awake? Yes No  Speech clear? Yes No	Initial Assessment	
Approximate Breaths per Minute  Treatment Provided  Reposition Airway  Yes No  CPR  Administer Naloxone  Yes No  Other  Assessment After Treatment  Awake? Yes No  Speech clear? Yes No		
Treatment Provided           Reposition Airway         Rescue Breathing           Yes         No           CPR         Administer Naloxone           Yes         No           Other         Yes           Assessment After Treatment           Awake?         Yes           No         Speech clear?           Yes         No	Awake? ☐ Yes ☐ No	Speech clear? ☐ Yes ☐ No
Rescue Breathing	Approximate Breaths per Minute	
Rescue Breathing		
Rescue Breathing		
☐ Yes         ☐ No           CPR         Administer Naloxone           ☐ Yes         ☐ No           Other         ☐ Yes           Assessment After Treatment           Awake?         ☐ Yes           No           Speech clear?         ☐ Yes           No	Treatment Provided	
Administer Naloxone  Yes No Other  Assessment After Treatment  Awake? Yes No Speech clear? Yes No	Reposition Airway	Rescue Breathing
Administer Naloxone  Yes No Other  Assessment After Treatment  Awake? Yes No Speech clear? Yes No		
☐ Yes         ☐ No           Other         ☐ Yes         ☐ No    Assessment After Treatment  Awake? ☐ Yes ☐ No Speech clear? ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Assessment After Treatment  Awake?	CPR	Administer Naloxone
Assessment After Treatment  Awake?		
Assessment After Treatment  Awake?	☐ Yes ☐ No	☐ Yes ☐ No
Awake? ☐ Yes ☐ No Speech clear? ☐ Yes ☐ No	Other	
Awake? ☐ Yes ☐ No Speech clear? ☐ Yes ☐ No		
Awake? ☐ Yes ☐ No Speech clear? ☐ Yes ☐ No		
Awake? ☐ Yes ☐ No Speech clear? ☐ Yes ☐ No		
_ '	Assessment After Treatment	
_ '		0
Approximate Breaths per Minute		Speech clear? ⊔ Yes ⊔ No
	Approximate Breaths per Minute	

After completing, email to Monterey County EMS Agency within 48 hours Email: <a href="mailto:EMSDutyOfficer@co.monterey.ca.us">EMSDutyOfficer@co.monterey.ca.us</a>