

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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